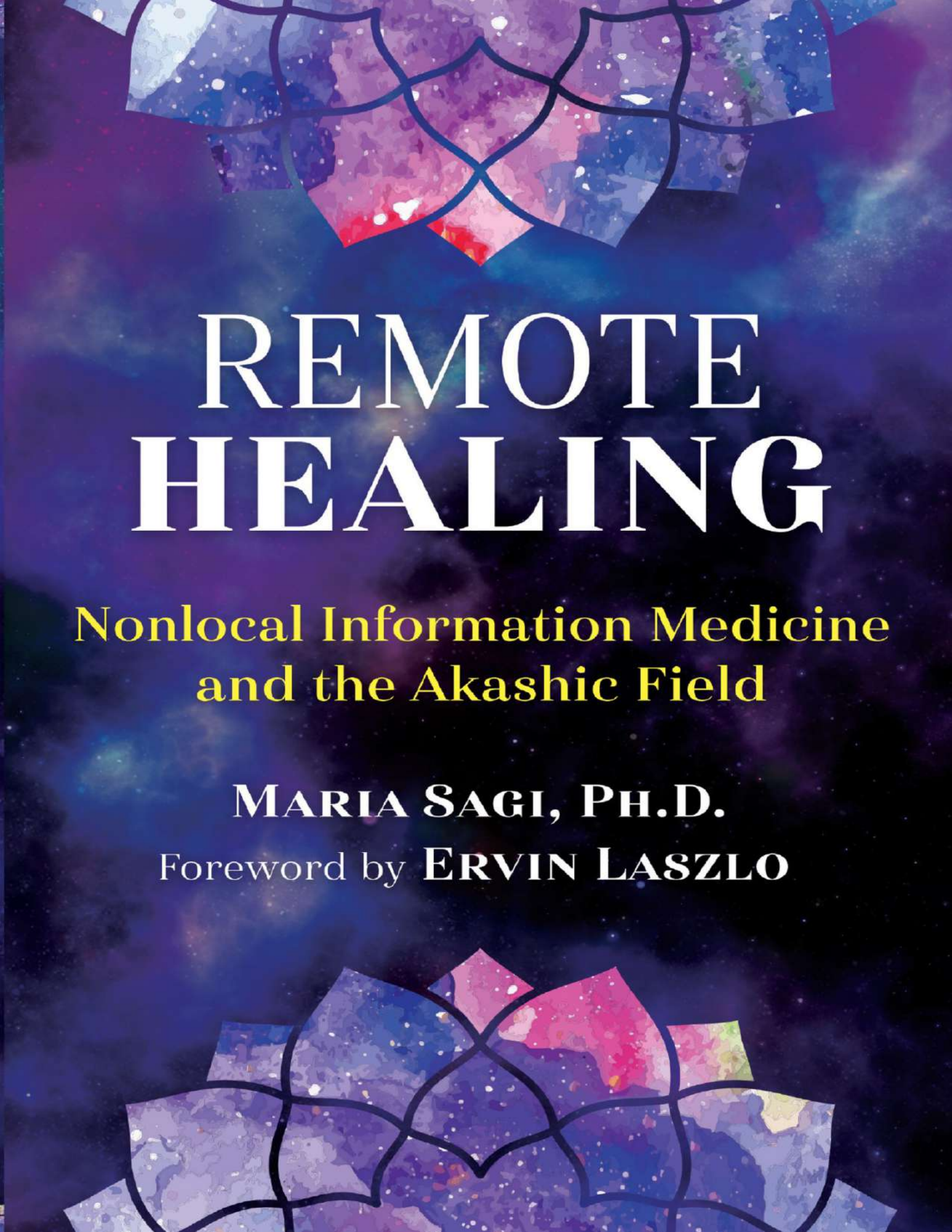
REMOTE
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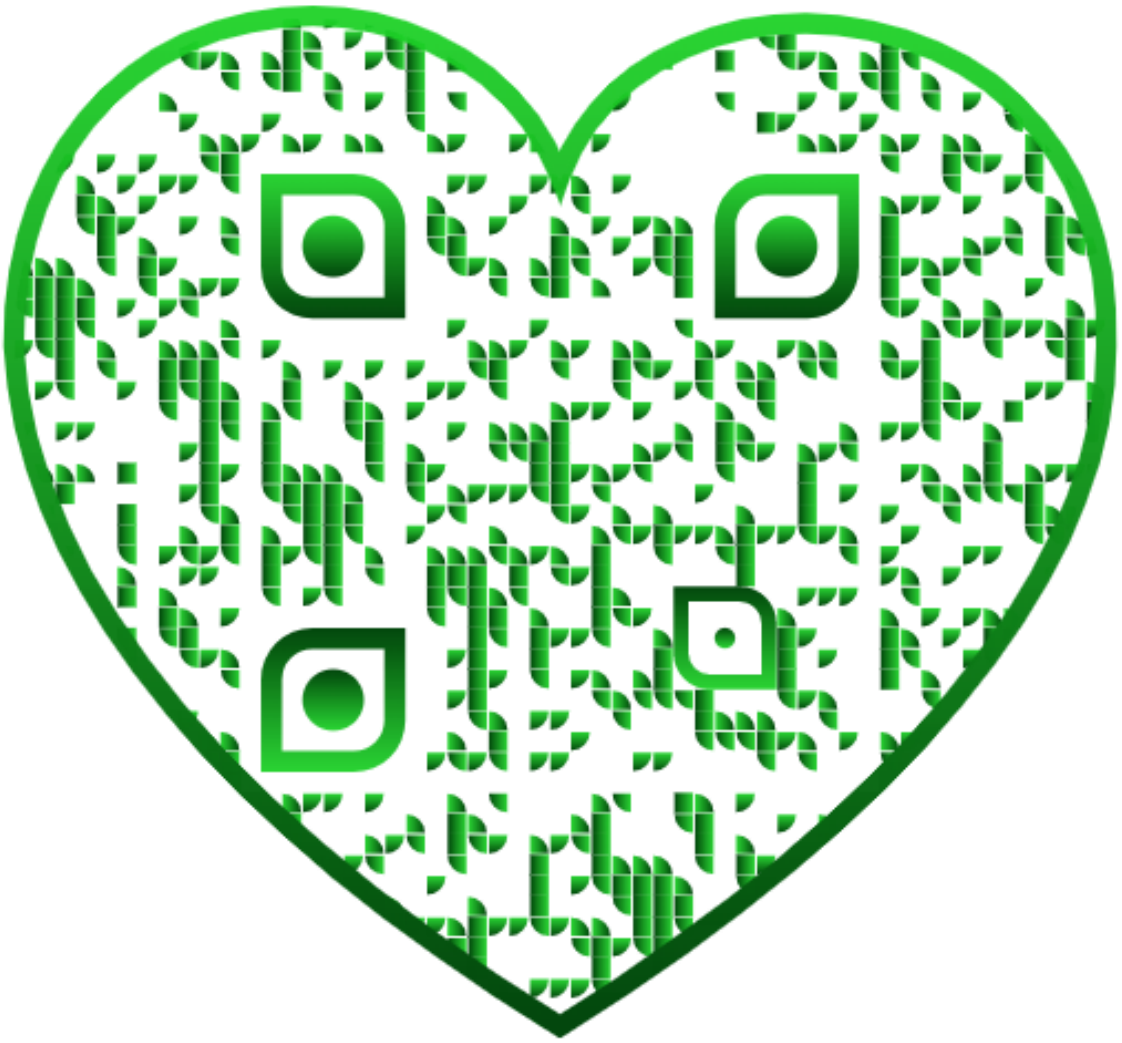
Nonlocal Information Medicine
and the Akashic Field
MARIA SAGI, PH.D.
Foreword by ERVIN LASZLO



REMOTE HEALING

Nonlocal Information Medicine and the Akashic Field

MARIA SAGI, PH.D.

Healing Arts Press
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Foreword

Ervin Laszlo

This is an unusual book, and it is an unusually important one. It is a pleasure and a privilege to write a few words to introduce it.

Information-based medicine is an unusual and unusually important method of healing. It opens up an entire new dimension in the art and science of medicine—a dimension that was known to ancient healers but has been largely neglected by modern physicians. On first sight information-based medicine appears to be a utopian fairy tale.

However, healing of this kind is not a fairy tale but science: contemporary quantum science to be exact. It is a quantum-science-based healing method that the reader can apply if he or she has the basic background knowledge and the will to acquire it. Healing over space and time is teachable, and it can be learned. This book teaches it, and the reader can learn it. It is important to note, however, that to practice it effectively calls for a necessary minimum of medical skill and knowledge. The basic method is accessible to almost anyone, but its sophisticated variants call for the kind of knowledge that in modern times only qualified physicians and experienced natural healers are likely to possess.

Maria Sagi, the author of this book, has practiced nonlocal healing—that is, healing over space and time—for more than twenty years. She has practiced it successfully, as her case studies testify. In this book she describes her method step by step. It is teachable and learnable. The reader can follow it step by step and reach the level of effectiveness his or her interests and knowledge permit.

Nonlocal medicine is a complement and not an alternative to the mainstream method of healing. It works in cases where the mainstream method produces only partial results. It is an important complement, and medical professionals of all inclinations and specializations can benefit from it; they are well advised to acquire it.

Mainstream medicine relies on biochemical and on interventional methods of healing. Nonlocal medicine relies above all on information. This is not surprising in view of the discovery in quantum theory that the world both consists in and "runs on" information. This, however, is not the conventional or garden variety of information. It is the kind of information that acts on or "forms" the recipient without expanding energy and producing entropy. It is what quantum physicist David Bohm termed "in-formation"—information spelled with a hyphen. In-formation is a "non-vectoral" dynamic impulse that forms the universe and creates coherent systems rather than chance aggregates of randomly connected elements.

In-formation accounts already for the presence of the particles that make up the basic entities of the universe. These quanta, and the atoms they form, are "in-formed" by an impetus that is itself beyond manifest space and time —beyond the observable domain of the universe: the domain David Bohm called the "explicate order." In-formation originates beyond the explicate order, in the deep dimension of the "implicate order." Implicate dimensional in-formation acts on, that is, "forms," the explicate order. This is the impetus that brings and holds together the nucleons that constitute the core of the atom, and brings and holds together atoms in molecules, molecules in crystals and macromolecules, and these again in cells and in organisms. On the astronomical level it brings and holds together stars and stellar systems in galaxies. Max Planck was so impressed with this impetus already in the atom that he said that we must assume the presence of a higher intelligence in the universe to account for it.

In the new quantum perspective, there are no separate things and events in the world: all are interconnected. Indeed, in the final count all things and events are one. Separation, Einstein said, is an illusion. If this is the case, nonlocality is not an inexplicable miracle, a fairy tale introduced into the science of physical reality. Instead, it is a basic fact and factor in that science. This is the science that informs us that when Maria Sagi diagnoses and treats her patients nonlocally, she does so because her patients are not separate. They are nonlocally interconnected both in space and in time.

It is now a well-known fact that there are nonlocal connections between quantum particles, and these connections (correlations of the quantum state of the particles) persist even when the particles are split and the split halves are separated by any finite distance. Every particle that has ever occupied the

same quantum state as another remains instantly and enduringly connected with it. If so, nonlocal medicine is the application of a valid scientific theory. It is information-medicine in the sense of the new quantum sciences.

In our day, nonlocal correlations among elementary particles are widely recognized, but they are mostly thought to be confined to the microdomain of quanta. This, we now know, is not the case. Nonlocal connections have been discovered within living organisms, as well as among living organisms and living organisms and their milieu. Nonlocal correlation is a universal phenomenon throughout the explicate order—the manifest dimension of the universe. Physicist Erwin Schrödinger called it “entanglement.”

Entanglement is important and applicable when it comes to the question of healing. The healer is “entangled” with his or her patients, and the patient is entangled with the healer and both are entangled with all other quanta and entities constituted by quanta in the universe. Space and time are no longer absolute limiting factors: information can penetrate beyond the known limits because information—more exactly, “in-formation”—is nonlocal. In this regard the entire universe is a cosmic quantum system, best seen as a hologram where all the information that creates the image is present in all the parts. And the parts are local but not separate projections of the whole.

In a meaningful and no longer just metaphorical sense, nonlocal connectivity requires the concept of a nonlocal field. In this universal holofield (the basis of the quantum hologram) all things are embedded. They are simultaneously present throughout the field. Their presence is that of a potentiality and not an actuality. Interactions with things—and observation is an interaction—are “fished out” of the field: physicists say that their wave-function collapses and so the entities become classical objects with unique locations in space and time. They are actualized in the perceptual reality of the observer.

In a widely discussed sense, perception “creates” the objects perceived. More exactly, perception “actualizes” the perceived objects, and makes them appear as individual and separate things and events. In quantum science this is an illusory, secondary effect. Ultimately, all things are part of the quantum field. It is understandable, then, that all things are connected. This means that in principle, all things can be “called up” from the universal quantum field and can be made to appear as separate, material entities. But in reality they are not. They are neither separate nor material, but information-based entities

that are part of the quantum hologram and as thus fundamentally one.

These affirmations were metaphysics yesterday and are physics today. They form the scientific basis of the nonlocal medicine presented by Maria Sagi in this book.

The practical implications of this revolutionary paradigm of healing are vast and as yet hardly conceivable. But among these revolutionary implications the theory and practice of nonlocal medicine stands out as a bastion. It tells us, and shows in a pragmatic, observable, and repeatable way, that we are one. We are one not only in theory but in practice. Nonlocal diagnosis and treatment are effective in practice and they are revolutionary in conception. They open a bright new era in the history of modern medicine.

A PERSONAL NOTE

I have known Maria Sagi, the author of this book and creator of the healing method described on these pages, for thirty years or more. We have shared our dreams and aspirations and collaborated on lifetime projects, including the founding and the managing of the international think tank the Club of Budapest. During this time Maria discovered and developed her method of healing—a method that is perhaps fabulous but is not a fable. How it works calls for a medical professional to explain and expound. But *that* it works is clear to me. This is my privilege, and indeed my moral duty, to convey. I do so on these pages with pleasure.

Since 1993, when I founded the Club of Budapest in Hungary, I have had an office in Budapest, Maria's home town (which is also my native city). I visited regularly, and on some of these occasions I experienced issues of health on which I consulted Maria. I can say in good conscience that she had always diagnosed the problem accurately and prescribed a treatment that worked. Both her diagnosis and her therapy used purely "informational" means, without resorting to allopathic medications. Her informational therapy worked whether I was next to her in her office in Budapest, in my current home in Tuscany, or traveling in America and the Far East. It worked whether my problem originated when I reported it, or months, years, or even decades earlier, even when I was a small child. This made clear to me that space and time are not limiting factors in Maria Sagi's method of healing.

The reason the Sagi method worked for me was not due to a special gift Maria Sagi received from providence, nor was it due to some special receptivity of my mind or my body. It means that her method works: period. Her more than two decades of experience testifies that it works for anyone who is ready to seriously engage with it. It is learnable. Indeed, it has been learned and successfully applied by the many doctors and healers who have attended her seminars in various locations in Europe and the Far East.

Nonlocal healing, which is healing with "in-formation," is a shining example of the validity of what I call the new paradigm in science. It is its application to health and healing. Sagi's book demonstrates this convincingly, and supports it not only with my own experience but with numerous examples from her more than two decades of healing practice.

The Sagi method worked for me, and it will work for the reader. Sharing it in a book published by a recognized publishing house marks an important milestone in the advance of the contemporary healing arts.

TUSCANY, MARCH 2020

ERVIN LASZLO, Doctorat d'Etat Sorbonne (1970), is the founder and director of the Laszlo Institute of New Paradigm Research (Italy), founder and president of the Club of Budapest (Hungary), fellow of the World Academy of Art and Science, member of the Hungarian Academy of Science and the International Academy of Philosophy of Science, senator of the International Medici Academy, and editor of the international periodical *World Futures: The Journal of New Paradigm Research*. He is the recipient of the Goi Peace Prize (2002), the International Mandir of Peace Prize (2005), the Conacreis Holistic Culture Prize (2009), the Ethics Prize of Milano (2014), and the Luxembourg World Peace Prize (2017). He was nominated for the Nobel Peace Prize in 2004 and 2005. Laszlo is an honorary citizen of the city of Buenos Aires, honorary professor of the Buenos Aires Institute of Technology, and holds honorary Ph.D.s from the United States, Canada, Finland, and Hungary. He is the author or coauthor of sixty-six books translated into twenty-six languages, including *Science and the Akashic Field*, *The Intelligence of the Cosmos,* and *Information Medicine*.

Nonlocal Healing

An Introduction

Healing over space and time is nonlocal healing. This is an intriguing concept, shading into the esoteric domains. It has always excited the imagination and has often been claimed to be wholly real—by shamans and witches and other spiritual persons, but not usually by scientists. In this book I present a method that allows anyone—and everyone who is serious about it—to practice it and reap its benefits.

But what are the benefits of nonlocal healing? What is such healing truly for? First, I would like to clarify what nonlocal healing is *not* for.

Nonlocal healing does not replace the mainstream method of healing. A personal meeting between doctor and patient is in most cases indispensable for the patient's recovery. Neither does nonlocal healing replace diagnostic procedures, although certain clairvoyant healers using nonlocal methods are able to make diagnoses that are as accurate as those done with modern methods, or are even more insightful when it comes to identifying the root causes of problems. However, the goal of nonlocal healing is not to establish a complex diagnosis. Personally, I never deal with diagnoses that can be reached through conventional methods, such as blood tests and other kinds of lab work.

A huge advantage of nonlocal medicine is that it excludes distance as a factor. It allows you to help your family members, friends, or patients who live far away from you. It is very useful for quickly addressing suddenly occurring symptoms, counseling for health preservation and prevention, checkups during a treatment process, and changing the hitherto used remedy.

As the saying goes, he gives twice who gives quickly. Nonlocal healing is especially handy for treating our existing patients because we are already familiar with their temperament, their physical characteristics, and how their bodies work—which means that we can quickly address the symptoms of a

sudden infection occurring during the weekend, rather than making the patient wait until Monday morning to visit the physician's office with his or her complaints. Our bodies are really grateful for the quick relief and respond and heal quickly. A body will heal differently when it has to wait until days later to get help. Diseases progress and spread very quickly, so if, for example, we allow a larger nodule to develop, the body's self-healing powers will take longer to triumph.

As Dr. Gordon Flint, a practitioner of the psionic method, told us: if a body's immune defense is weakened for whatever reason, and the healthy balance is therefore disrupted, a streptococcus strain can proliferate within 20 seconds. The same is true for viral infections. We know that diseases form through information routes, or as a result of energy blocks, or simply because the decreased tension of a tired cell membrane allows the virus to more easily attach itself, quickly imprinting the cell core with its own information and thereby triggering the fast proliferation of viral cells.

If we intervene (with homeopathy or by other means) in an informational way at the very beginning, as soon as the symptoms first develop, the immune system can perform its function of responding more quickly than if we start an antibiotic treatment three or four days later.

The same is true for gastrointestinal diseases. Giving an instant tip or an informational remedy can prevent days of unpleasant symptoms.

We can also look at nonlocal healing for the treatment of symptoms, but since the intervention is performed through information, it is genuine causal treatment in that it seeks to reverse the factor that causes disease; perhaps it is even more causal than alleviating a symptom using an allopathic substance. It is also a causal treatment because it interferes on the level of the body's information controls, which allows the immune system to perform the necessary adjustments and restoration processes in the biochemical system. It is naturally unable, however, to interfere informationally with the deep traumas that cause prolonged illnesses. Chakra therapy, psychomeridian therapy, and psychological symbol therapy—a therapy based on C. G. Jung's symbol therapy—require the physical presence of the patient, and they can only be performed in person.

If a patient contacts us over the phone or in writing, the first thing we have to establish is what it is that can be solved nonlocally in the given situation and what requires personal contact. Depending on the situation, we

might have to advise the patient to call an ambulance or an on-call physician immediately. In other words, nonlocal healing can be applied in the same way as any other form of informational therapy. It is complementary to mainstream medicine. If the patient's condition permits the application of nonlocal treatment, we perform it gladly; if not, we turn to conventional methods. This way, we can safely assess the opportunities given by the method of nonlocal healing.

Based on my own experience with nonlocal healing, I can say that it gives me pleasure to be able to provide quick help and receive happy feedback from my patients day after day. Given that I have a large circle of friends, family members, and patients, on average I help eight to ten people with nonlocal healing every day, in addition to healing them and others with more conventional, in-person methods.

How I Discovered Nonlocal Space- and Time-Transcending Healing

PATER LOUIS

I had a life- and mind-transforming experience when I was a young research associate working in the field of the psychology of music and art. It was this experience that made me enter the path to become a healer. One day, April 1, 1982, out of friendship and intellectual curiosity, I accompanied a friend of mine, the wife of a longtime colleague, when she went to see an old priest in the country. The priest had a reputation for healing in ways that were beyond the practices of modern medicine.

Pater Louis radiated strength, health, and goodness. Although he was sixty-six years old at the time of our visit, he looked youthful. Maya, my friend, placed pictures of the family she was hoping to help in front of him, then handed him a handwritten letter from her friend. Pater Louis examined Maya, then the photos one by one, and then the letter. He practiced nonlocal diagnosis and healing using a handheld pendulum. Then he took out a small box that contained glass vials of herbal and vegetable essences that he had prepared. After choosing a few vials, he used the pendulum to select the best essence for Maya and then for each of the persons he examined with the help of the photos and the letter.

I didn’t know his method; all I knew was that he recommended herbal teas and vegetable juices, such as carrot and beetroot juice, and that one of his most commonly recommended treatments was garlic therapy. I had never seen a natural healer work with a pendulum, but it seemed to me the most natural thing in the world. I watched him work in silence. I was surprised when he turned to me and said, “My child, you are completely healthy, but you have a poor diet.” Then he moved behind my back, and, as it turned out, he used his pendulum to examine me. After a brief silence, he said slowly, “Garlic is poison for you.”

I had an immediate and sudden flash that he was the person I should heed, that it was his advice I should follow. I had not asked him to examine me, yet what he found spontaneously was entirely correct. How did he know that I could not stand garlic and all foods that had garlic in them? I had had this intolerance for as long as I could remember. I asked Pater Louis what kind of diet he would suggest for me. He told me to avoid meat, milk, bread, and sugar. Of course, these are just some generic terms to describe those foods in our modern diet that do not benefit our health. More fully, these categories encompass the following foods.

meat: all kinds of meat and processed meat products, including salami, deli meats, and sausages

milk: dairy products (especially cow's milk)

bread: all kinds of baked goods made with white flour and/or leavened with yeast

sugar: all food containing added white or brown sugar

I started his diet the very next day, but I didn't know what else I should do with my diet. As a result, I started having headaches and stomachaches, and I was feeling weak.

I returned to him three weeks later to ask for advice, and he replied, "Come, my dear child. I will teach you."

At that point Pater Louis invited me to join his young disciples. From time to time he offered us his homemade lunch to teach us his way of cooking. He taught us how to bake bread without yeast from freshly ground, whole wheat flour. To make it, you must grind as much flour as needed for making the bread. Put the ground flour in a bowl, pour hot water on it, and mix them together. Let the dough rest until the morning. In the morning, take the dough and knead it. Then divide it into three equal parts, form the parts into oblong shapes, place them in baking pans close together in the hot oven, and bake them for about an hour. Turn the loaves of bread every fifteen minutes. After taking the pans out of the oven, dip them in hot water for three seconds. Turn off the oven and put the loaves back in for twenty minutes. After that, wrap the loaves of bread in damp cloths and let them rest for a couple hours. The damp cloths are needed to soften the crust of the bread.

After a couple hours, leave the loaves without the damp cloths for half a day stored in a dry kitchen towel. The dense bread tastes like walnut cake and is so delicious that it makes my mouth water to think of it.

Within a few days of starting this diet my headache and stomach pains were gone, and in less than three months I felt like a changed person. I was happy and carefree. I felt much stronger, fresher, and healthier. I became a devoted disciple of this wonderful old priest, and I learned from him how to use the pendulum for diagnosis as well as treatment.

Being Pater Louis's disciple gave me a deep sense of fulfillment. He conveyed to me the sacred tenets and energies that are enshrined in the world's religions. Every minute I spent with him was joyful. He charged my body with energy. I felt like I could do anything.

EXPLORING MACROBIOTICS AND VARIOUS OTHER METHODS

Pater Louis's lifestyle matched what subsequently became known as the lifestyle of the new alternative culture and its associated eating habits, both relatively unknown at the time in Hungary. I grated carrots and ate according to Pater Louis's advice, but I was nearly alone in that—except for the other disciples of Pater Louis. Neither I nor my friends knew about the rising vegetarian culture, not to mention its specific variant known as macrobiotics. I did not even know what that term meant.

Then in August of 1982, I had the good fortune to be invited to the International Sociological Association (ISA) world congress in Mexico. I chaired the session on the sociology of art and culture. This engagement gave me the opportunity to travel to the US and to participate, even if temporarily, in the US academic environment. I was invited by various colleagues and universities to speak on the sociology and psychology of art and music. I was amazed to find that most of my newly acquired friends were vegetarians. This would have been seen as an unnecessary luxury in my economically constrained country.

On returning from America, I continued to practice the vegetarian diet according to the prescriptions of Pater Louis. Then, by another fortunate coincidence, I came across the works of the Japanese dietary master Michio

Kushi.[*1]

The following January, after receiving an invitation from a research partner, I visited Vienna, where I attended a professional conference. As I returned from my walk on the very first afternoon of my stay, I sat down in the hotel lounge. I looked around, and I saw an open door. I felt a strange urge to have a peek behind it. I saw a long table topped with cooking pots, various dishes, and ingredients and surrounded by busy chef instructors wearing toque blanche hats. The seminar had just ended, and the participants were preparing to leave. One of the three instructors noticed me and kindly invited me to the table. We introduced ourselves. I apologetically told him that I was actually visiting another conference and was only there out of curiosity. As it turned out, I had arrived at the end of a macrobiotics course, where those attending could learn about techniques to prepare various grains. Peter Schratt, the researcher and promoter of the method, handed two books of course notes to me. He said I should try the recipes myself and invited me to call on him upon my next visit to Vienna to tell him about my experiences.

It wasn't long before I met him again. Two months later, in March, the head of my institute and I were attending the annual general meeting of the Department of Music Sociology of Vienna. Peter invited us for a macrobiotic dinner. It was the first time I held Michio Kushi's excellent book on macrobiotics in my hands (*Natürliche Heilung mit Makrobiotik*, Verlag Bruno Martin, 1981).

As we talked, I found out that Peter was an Austrian actor who was very popular in Austria and well known in Europe, and who had even led a seminar on Rudolf Steiner in addition to courses in macrobiotics. Peter learned about macrobiotics in the hospital after an unfortunate event, a car accident, as this diet was prescribed as part of his treatment. He started the diet bitterly and reluctantly. He disliked macrobiotic dishes so much that he had a tape measure he would cut a bit shorter every day, just as soldiers do when counting down to their last day of service. But he grew to love macrobiotics so much by the end of the treatment that he decided to continue to prepare his food in this way. He avidly shared his experiences with everyone who was interested or needed information.

His passion for macrobiotics deeply affected me. I read the book by Kushi that Peter gave me so much that it fell apart; it answered my questions about Far Eastern natural medicine. I gained more and more personal

experience in the area of macrobiotic cooking over the years, and I have collected more of Kushi's books. I involved my friends and my more adventurous colleagues in my experiments. They all took a liking to the method. I met Michio Kushi personally three years later. There was a summer camp promoting macrobiotics in Lenk, Switzerland, where he was among the instructors. Everyone was enchanted by his charisma, and meeting him personally strengthened my faith in macrobiotics even more. I decided to continue learning about the method so that I could get to the level of using it for healing. I had a good basis for being a healer since I had four years of university study in medicine.

Two years later, in 1988 in Amsterdam, my brother Istvan and I attended a training course offered by the Kushi Institute for experts on macrobiotics. In the same year, Mr. and Mrs. Kushi visited Hungary to give lectures on macrobiotics. They invited my brother and me to work with them as personal assistants in the cooking classes held in Budapest (an exceptional honor for us). The course was so successful that they repeated it the next year, again with us as personal assistants.

In 1990, Editions Kossuth, a Hungarian publishing company, decided to publish Michio Kushi's book *The Cancer Prevention Diet.* Just before the production of the printed book would start, the publisher received a telegram from the author that he should ask me to check and verify the Hungarian translation. I accepted, and this proved to be a work that took me about six months to complete. The book was published the following year, in 1991. My own book on macrobiotics was published (in Hungarian) in 2009. It is titled *Makrobiotikaval Egeszsegesen* (Health through macrobiotics).

It seems that fate had led me to the Kushis through a chain of coincidences so that I could experience their immense knowledge and healing power. I have never deviated from my commitment to his macrobiotic diet and its associated lifestyle since then.

For seven years I studied natural medicine with various healers in Vienna, while at home in Hungary Pater Louis was my master in natural healing, and Mr. and Mrs. Kushi were my masters in macrobiotics. I combined the information on natural healing with healing through macrobiotics, and I practiced new skills. I began to study various types of phytotherapy and medical dowsing. I also joined Peter's Rudolf Steiner seminar in Vienna, so I studied anthroposophy, reading with zest the volumes

of Rudolf Steiner in German.

So I set out on a path that was to lead me to embrace two careers: the career of an academic psychologist of music and art and that of an alternative healer.

In the meantime, I offered help at home to anyone who asked, and following in Pater Louis's footsteps, I used a pendulum to select the optimal diet and herbs. I recommended Pianto and Bio St. Joseph[1] products, either in person or over the phone. (Pianto is a daily food supplement based in the power of a concentrate of vegetables and aromatic plants, and Bio-St. Joseph is a line of products based on the health-promoting properties of yeasts, special varieties of fruit, and aromatic plants.[*2]) At the time, I only offered nonlocal treatments to rural residents and to those who had difficulty coming to see me in person, but only after seeing them in person at least once for the first session. I performed my measurements using a pendulum and then told them the results over the phone. If they needed advice or new herbal teas, they could contact me over the phone. I was happy to learn and help.

Further surprising things happened to me. Four years after meeting Pater Louis, my father died. At that time he was living in Austria, and I had not had much contact with him. Yet after he died I had remarkable experiences that were also very depressing and worrying. Many things became clear to me about my relationship with my father. This confirmed my suspicion that beyond the world we experience there is another, deeper dimension. Talking with my friends and doing research of my own, I came to understand that in this deeper dimension everything is recorded and everything can be experienced. This helped me to understand not only the continuing experiences I had following the death of my father but also how Pater Louis could treat the people who consulted him whether they were in front of him or far away. It was around the same time that TM, Transcendental Meditation, appeared in Hungary, followed by Reiki and Prananadi. I acquired experience in these practices and started applying them.

MIND CONTROL WITH THE SILVA METHOD

A small volume entitled *Mind Control*, about the US-based Silva method, was published in Hungary in the autumn of 1989. After reading it, I

immediately wanted to enroll in a course as I was deeply interested in the possibility of establishing remote diagnoses in a meditative state. The earliest and most accessible course for me was the one held in Salzburg in January 1990. I enrolled and completed the program. The seminar was led by a middle-aged female psychologist with incredibly deep and broad knowledge. I thoroughly enjoyed the course, and I began to look forward to the day when I could become a teacher of this material. In the spring of the same year, I came in contact with Laszlo Domjan, who invited me to join him in Laredo, Texas, in August for a one-month seminar where we would become trained Mind Control instructors. The course cost 2,000 US dollars. I did join in the end; there were four of us from Hungary.

We returned home from Laredo with Karoly Levai, a sixty-six-year- old Hungarian physician who was living in Venezuela, and who was the professional supervisor of Mind Control training in Hungary from that October until Christmas of 1990. As a physician, he had decades of experience in practicing alpha meditation and in teaching it. During his stay in Hungary, he was hosted by my brother, Istvan Sagi, and the two developed a deep friendship. He was a real father figure. He returned to his family at the end of the year, but my brother and he maintained their friendship in spite of the distance.

The Silva method strengthened in me the practice of information transfer during the alpha (meditative) state of consciousness.

WORKING WITH ERICH KÖRBLER

The next milestone on my way to becoming a healer came when I had the good fortune to meet the Austrian scientist and healer Erich Körbler in the fall of 1990. Acquiring and then teaching and improving his method—after his death—ultimately determined the technique I now use in information-based healing.[2]

I found Körbler “by chance”—if there is such a thing. I was spending the summer in our thatched-roof cottage in Balatonudvari on Lake Balaton and, as in many previous summers, I never had a relaxing night’s sleep there. I would wake up with black shadows under my eyes that would then later disappear in the sunlight. I experimented to no avail with a mirror placed face down under the bed because this was said to shield noxious geopathic

radiation from water veins.

Pater Louis advised me, “My child, you will have to part with that house.” I checked with my pendulum and found many water veins running under the house and in the garden. Just to be on the safe side, I called in a specialist who said, “Your results were as good as mine,” meaning that he had found the same things I had.

I asked one of my Viennese friends what he knew about screening noxious geopathic water veins. He said he knew a reliable method, but he could only acquire the necessary screening sheet in the fall. We agreed that I would buy one on my next visit to Vienna.

And that is what I proceeded to do. One Friday night, at the place where I was staying in Vienna, I tested the sheet I had bought. This was a linen sheet imprinted with equal-armed red crosses. I laid the sheet on the bed and slept on it.[*3] That same night I experienced some very special sensations—as if I were levitating and there were two heat lamps under me.

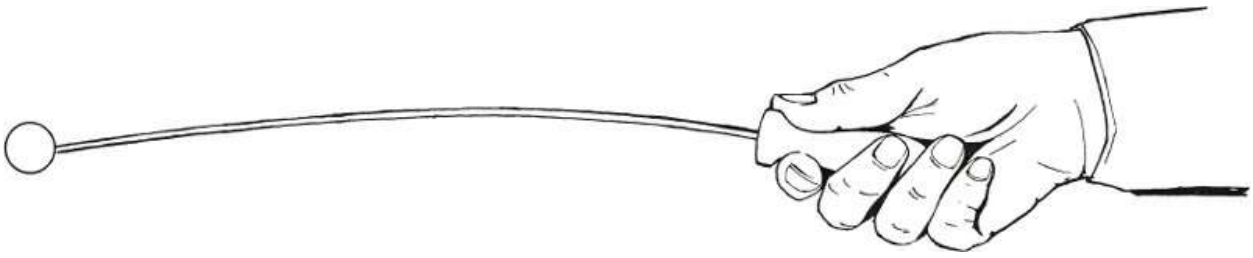
When I woke up in the morning I felt even worse than at Balaton—I was quite weak. I went down to the street to call my friend, even though there was little hope of reaching him since he had gone away for the weekend. The phone just rang and rang. I returned to the apartment and took out the packaging for the sheet. On the cover I found a telephone number. So I set off once more to the telephone booth. I dialed the number, and a man answered. He said he had something urgent to do at the moment, but he would be free at about three in the afternoon, and I could come see him. He gave me directions. I couldn’t even recall his name but I had his address, so I got on a streetcar, and at three o’clock, I knocked on his door.

The front door was open, and a vast room extended from an entrance hall that was about one square meter. He had a large, oblong-shaped office, at least ten meters in length. Through a glass door I could see that he was sitting at his desk at the far end of the room. He stood up and started walking toward me. Standing there in the doorway I was suddenly overcome with a spontaneous conviction: *I want to know what he knows*.

We introduced ourselves. He was Erich Körbler, the inventor of the “wonder sheet” I had tried the night before. He received me most amicably. I was still feeling quite uncomfortable, which he transformed into a pleasant feeling with a single move: he kept two fingers on the top of my head for a

few seconds, and turned my hairclasp from horizontal to vertical. It turned out later that this was to connect the flow of subtle energies on the top of my head between the two hemispheres and free up my psychomeridian. In the conversation that followed, he answered many of my questions. The cause of my discomfort was soon revealed. He explained that in the case of such sensitivities the screening sheet had to be introduced gradually over about six days—first only up to the ankle, then up to the knee, then to the waist, and only then under the head.

Once inside Körbler's laboratory, wherever I looked I saw something that made me want to ask questions. In the middle of all of this was Körbler's diagnostic rod, his version of the classic bioindicator. The bioindicator would oscillate, enabling him to diagnose the conditions of his patients according to the principles of Chinese medicine. It was part of a complex and coherent system that was extremely appealing to me for being so natural and simple, but I had no idea what its basis was. (A more detailed description of his method is given in chapter 4.)



Picture of handheld bioindicator like the one in Körbler's laboratory

He encouraged me to try using the bioindicator. He saw that I was a practiced hand in the use of the pendulum. During our conversation, I noticed that on the wall behind him, at about the height of his head, there was an A4 sheet of paper showing five parallel horizontal lines underneath each other, and the three in the middle were discontinuous. In response to my question he explained that this served to screen unfavorable radiation from the sides (the so-called Hartmann radiation that comes neither from above nor from below, but from the side).

The A4 sheet of paper in Körbler's office had the above image printed on it.

On a long table, I saw some small rocks. This was a sample series of zeolite pieces of different sizes. He told me that he used them for healing, and he used his bioindicator to select the right size piece of zeolite for a patient. He would put it in a small jar and suggested carrying it in a shirt or a trouser pocket until improvement set in. He explained that this is a good way of treating, for example, tinnitus. I found that his method served not only to screen earth radiation but also to heal a whole range of different disturbances. I spent about an hour and a half with him.

Of all the things that I saw in his study, there was only one I found that did not fit his image. On a table there was a set of bags and boxes of sugar—confectioners' sugar, refined sugar, and sugar lumps, all with different brand names. Seeing my questioning look—I no longer dared to bombard him with questions—he suggested that I test the different kinds of sugar. After a number of unfavorable responses from his bioindicator, one bag produced a positive reaction. I was surprised, as I had experienced nothing of the kind during my macrobiotic praxis of the previous seven years. I was holding a bag of rough-ground brown *Vollzucker* (unrefined sugar), and Körbler told me that this sugar had a history. Before its production began, the field that grew the sugar beets was enriched with minerals and transformed into high-quality organic soil. The objective was to enable the sugar beet to absorb the minerals. As regards the factory procedure, the production line was modified in such a way as to preserve the minerals in the sugar. All of this was devised and created in Austria based on Körbler's experiments and plans.

My idea of who Körbler was deepened considerably. At first I thought I was getting advice on how to neutralize water veins, but instead I found myself in a complex and well-equipped healing workshop. I found a number of radical innovations. I saw no instruments, only symbols drawn on paper and a range of substances prepared for testing; a great many minerals,

crystals, foods, vegetable extracts, homeopathic remedies, and colored papers. The time for my first visit was up. I bought a Körbler rod (I still have the receipt he gave me after all these years), and while Körbler was writing the receipt, I gathered my courage and asked him whether he thought it would be possible to make his healing method known in Hungary. I offered to be his ambassador. He said yes.

Thus began a deep and fruitful cooperation. In 1991 we created a small TV series of four half-hour specials on the Körbler method. In the same year, and for the next three years, we held annual courses for physicians. I worked with Körbler for three and a half years until his unexpected death in 1994.

Applying New Homeopathy in My Work

Körbler called his method "New Homeopathy." He diagnosed the condition of his patients according to the principles of Chinese medicine, using a specially designed bioindicator, the movements of which aligned with a system of coordinates. He also discovered geometric symbols that can correct flawed information in the body in order to produce healthier conditions. The movement of the bioindicator would show whether the symbols and various homeopathic substances would be compatible or incompatible with a patient's needs. These movements are the same for every practitioner and are described in chapter 4.

I first applied Körbler's method of New Homeopathy as a form of proximal healing and soon became curious about the fast healing results being achieved. I wondered whether the method could work through symbols applied on photographs of the patient's entire body. I applied the geometric symbols on photographs of my family members and friends (only if they asked me to, of course), as if I were painting the shapes on their skin. On the photograph, I tested which symbol was needed where, then I drew the symbols on small pieces of paper and placed them on the area in question. I ran the test again in a couple of days. Depending on the results, I either removed the symbol or applied a new one. In time I could see that this approach was working.

I also tried placing the symbols on graphic images in an anatomy atlas, exactly on the body part where the rod indicated to do so, then placing a separate piece of paper with the person's name over the image. The

procedure worked in exactly the same way, and, what's more, I was able to determine precisely on which part of the organ I was to place the symbol. For example, the following incident occurred in the case of a four-year-old boy. After I resolved his glucose allergy with this method, his parents turned to me again when he came down with bronchitis and early symptoms of pneumonia. I recommended that they see a pediatrician, who then took an X-ray of the boy's lungs. With the approval of the pediatrician, the parents decided to pursue alternative treatments. The pediatrician examined the boy every two days during the treatment.

I performed the treatment without seeing the X-rays, based on my own tests, with the help of the pulmonary bronchi images in an anatomy atlas. I placed the correct symbol on the correct part of the image provided in the anatomy atlas, then tested and changed the symbol every half day when necessary. The boy fully recovered within only a matter of a few days, to the great relief of both his parents and the pediatrician.

Convincing a Scientific Skeptic

I also treated Ervin Laszlo with the photo method. Ervin was skeptical about the possibility of and even the necessity for nonlocal treatments, since the energy flow within the body's meridians can harmonize on its own through resting, walking, doing sports, or sleeping. We had great debates over the theoretical background. He was arguing in favor of the presence and the fundamental importance of the quantum vacuum field, but he didn't agree with my assessment that every individual has an informational pattern within the field (see chapter 3). He considered that impossible. As for me, I insisted that that was the only explanation for how it could be possible that my remote treatments using photographs could have been effective. (See the explanation of this surprising finding dealing with the individual's morphic pattern here.) The photo serves as the antenna that calls up information from the field. The photo matches the informational pattern—the unique morphic pattern of the individual—and conveys the information regarding the bodily condition of the patient the same as a direct examination by the healer.

In the spring of 1992, he called me one afternoon at five o'clock and in a saddened voice told me that he regrettably had to cancel his trip to Budapest on the next day because he was suffering from lumbago and was in such great pain that he could barely straighten up. His plane was scheduled to take

off for Budapest at 7:15 a.m., and he was supposed to sit for an interview with Andras Kepes on live TV at 11:00 a.m.

“Do something!” he told me. I did. I performed a nonlocal treatment based on his photograph. I detected the affected area with a bioindicator, then placed the selected symbol on it. I didn’t hear from him after that. He didn’t call me back.

The next day I went into the TV studio to tell them what had happened. The door opened a few minutes before eleven and Ervin entered, starting the interview with: “I now know that nonlocal healing is effective.” He arrived at the TV studio straight from the airport. As we later learned, he was completely pain free, which doesn’t usually happen on its own so quickly in the case of lumbago.

As for Ervin, the ice was broken. His freshly acquired personal experience changed his mind and suggested new directions for his research. Our theoretical principles converged. Ever since that moment, Ervin has always enlisted and accepted all forms of my nonlocal treatments with trust. As he travels a lot, the occasion presents itself quite frequently.

My questions often took him by surprise when he called me for help—for example, from Japan—and I asked him, “What did you eat?” Even before he had a chance to say anything, I already knew that there was a disharmonious shift in the smalland large-intestine meridians. Finally one day he wasn’t surprised anymore. He accepted that this is how this technique worked. I could tell you many more such stories. Ervin doesn’t always manage to follow the guidelines of the macrobiotic diet, although he needs it. Since he is sensitive to milk, cakes with sugar and milk cause him the most trouble—they always produce red spots on his skin. This is a quasi-permanent condition, and he is still following the macrobiotic diet to cope with it.

Teaching New Homeopathy

One month after Körbler’s death in 1994, Hans Joachim Ehlers, Head of Ehlers Verlag, Körbler’s publishers, came to Budapest to invite my brother and me to teach Körbler’s method in Germany. We accepted his invitation.

I felt an enormous weight on my shoulders. Starting in 1994 we taught the Körbler method in Germany for two years based on Körbler’s physicians’ courses in Budapest.

Most of the students of the seminar in Germany wanted to receive information-based healing, but the five days between the two weekend courses didn't allow enough time for that. This, however, is how nonlocal healing arose as a solution. During the first session I personally took the students' medical histories, started the treatment, and continued it with nonlocal treatment with the help of a photograph. We kept in contact with the students over the phone. Everyone was healed. To everyone's great delight, we solved problems that they'd had for many years.

COLLABORATION WITH GORDON FLINT AND THE PSIONIC MEDICAL SOCIETY

In April of 1994, one month after the death of Erich Körbler, Carl Upton, then president of the Psionic Medical Society, invited me to visit him in London so he could get to know my method. The ninety-year- old physician had an incredibly clean, strong energy. He also invited two of his practicing colleagues (Gordon Flint and Peter Mansfield), as well as an expert in Eastern medicine, along with some patients. We worked with the patients for three days, each one of us using our own method. We all reached the same results. The acupuncturist was blown away when he discovered that Körbler's method of drawing parallel lines on the skin had the same effect as inserting needles. Carl Upton also used his own method to check the patients' conditions. We mutually agreed to continue our cooperation. I found my teacher in the person of Gordon Flint, with whom I studied diagnosis through the psionic method, a method that makes use of a pendulum to analyze a "witness" (such as a strand of hair or a drop of blood) from a patient in order to determine where the body differs from what is normal in the information field. (A more detailed description of the psionic method is given in chapter 4.) I continued to work with Gordon Flint until his death in 2003.

On my return from London, I started studying classical homeopathy. I joined the first three-year homeopathy training course designed for physicians, which had been launched the previous year in Budapest.

At the beginning of my collaboration with Gordon Flint, I referred fifty children to him as patients. I examined the "difficult" cases I encountered, and consulted with the parents to see if they would agree to the child being

treated by this British physician. If the parents approved the treatment, I sent a hair sample from the child to Dr. Flint, who examined the child, chose the most appropriate homeopathic medicine, and mailed it by post. I was the one who dosed the homeopathic medicine based on Dr. Flint's instructions. I reexamined the child before he or she started taking the medication, then again at the end of the treatment process. I recorded every change and piece of data, continuously monitoring the child's condition up until recovery. I was in daily telephone contact with Dr. Flint, and therefore I also knew when each examination took place. I observed something very interesting. The patient started improving as soon as the therapy was decided on, although the homeopathic substance wouldn't arrive by post until four to five days later. The physicians from England experienced the same with their patients from other countries.

Gordon Flint also started the miasma treatment of our friends and family, so I was able to learn through personal experience.[*4] Practical experience also showed how quick and effective the application of high-potency nosodes can be in acute cases.[†5] I worked with the Psionic Medical Society for nine years, and during this time I acquired a thorough knowledge of their method as well as of homeopathy.

Our cooperation was very fruitful. After the learning period, I personally performed the psionic diagnosis and the homeopathic treatment under Gordon Flint's supervision. Instead of the pendulum, I used a bioindicator to perform the psionic test, but I did also examine the meridian points necessary for an energetic diagnosis. Therefore, I combined the two methods. I received a special honor in London three years later. I took part in the autumn meeting of the Psionic Medical Society, where the fellow physicians inquired about the results of my cooperation with Gordon Flint. One of them asked me to examine him. My diagnosis showed such accurate results that the Psionic Medical Society accepted me as a member. Combining the psionic method with my information-based healing method opened up new opportunities for me.

COLLABORATION WITH HEALER FRANZ STERN IN GERMANY

I met Franz Stern at the gathering organized by the Ehlers Verlag publishing house after Körbler's death.[3] They invited everyone who had any kind of relationship with Körbler, and we all talked about the details and results of our collaborations with him. Stern was a very special clairvoyant healer. He was living in Munich at the time with his wife and ten-year-old daughter. He knew and loved Körbler, and as he was curious about how we would move forward, he came to our first seminar at the Gut Schlickenried hotel in Munich. Sixty students participated in the first Körbler two-day seminar in September 1994. Ervin Laszlo gave the introductory lecture on the scientific background of the method. I taught the application of the Körbler method in practice, giving a practical demonstration of how it works with the help of Istvan. It was at this time that Ervin, Istvan, and I became good friends with Stern.

Stern worked with a two-handled rod made from a flexible material. His diagnoses were very accurate. He could see very clearly in all dimensions: in the biochemical dimension, in the dimension of the radiations in the electromagnetic field, and the vibrations and radiations in the information field. He could accurately sense the potency of homeopathic substances, meaning he could tell what potency each patient needed. And he was always right.

On one occasion we were visiting him in his apartment in Munich when a surgeon from a Hamburg hospital called him for a consult while he was performing back surgery on a male patient. That is how trusted and reliable he was.

Every time I had a problem with my patients in my own environment I just called him on the phone and was helped immediately. He was similarly clairvoyant about issues of everyday life. He could accurately assess any apartment or house remotely in terms of terrestrial radiation and electro-smog, and he was aware of the effects of the Körbler symbols. Our apartment building was under construction at the time. He advised us on what size tiles to choose for each of the rooms, and in what pattern to place the tiles. The kitchen in our ground-floor apartment is small, so he recommended 15-by-15 centimeter tiles if we wanted to keep our feet warm in the winter. He recommended large, 40-by-40 centimeter tiles placed diagonally for the studio apartment on the first floor, which was intended for my mother, because it would make the room feel more spacious.

He followed our work for about two years, and I learned a lot from him. He always encouraged me to write up my experiences, and he praised my articles. He always found the reason for my unusual sensitivity to things. For example, in the early days, the students of the course stayed in the guesthouse of the Gut Schlickenried. We had a large, beautiful seminar hall that could accommodate one hundred people. There was a canteen area for the meals. My brother and I stayed in a side building, where I cooked for us in the small kitchen because the guesthouse did not offer a macrobiotic diet. One time when I was eating with the others, I asked for a plate of salad, which looked very fresh and was nicely served. However, I couldn't eat it. I tasted it, but I couldn't get it down, although there was nothing wrong with the taste. The Sterns arrived in the afternoon. I told them I couldn't eat anything there apart from what I cooked, not even the salad. Other students had no such problems. Everyone there ate à la carte. Stern took his tool and immediately detected the cause. In ancestral times, the house had seen great bloodshed, vengeance, and a curse, which had then plagued generations. In the end, the owner himself told the story to Stern and to us. He was very grateful to Stern for clearing the past. From that point on, I was able to eat the salad.

All these experiences made me more and more proficient in non- local healing. Pater Louis, Körbler, Flint, and Stern were solid reference points.

MY METHOD OF NONLOCAL HEALING

As a result of two to three years of learning and healing, I developed my own nonlocal healing and diagnostic therapy procedure based on the Körbler method and the psionic method.[4] This method of mine has proved simple, fast, and safe, so I have been using it in my own healing practice ever since.

I apply this combined method both when working face-to-face with my patients and when I have only their photograph in front of me. If I am able to examine my patients in person, I can dispense with their photos, for I can focus on them entirely in my mind.

I verify if and when a treatment has taken effect by observing the movement of the rod. And then I take into account the report of the patients themselves. The symptoms of the given problem may disappear almost immediately, while in the case of chronic disease, it could take several weeks. Proceeding in this way I treat the cause of the problem and not its

consequences. Treating the consequences—which is what standard medical practice does—calls for local information, information on the current state of the patient. But treating the cause requires nonlocal information, and that is available as well.

A milestone in my nonlocal healing practice was when Günter Haffelder conducted an experiment at the conference center in Hohenwart in 2001 (see chapter 10 for details). In order to confirm that information-based healing is possible, we needed measurable results. This led to experiments that clearly showed that the information I send to my patients actually arrives to them with a lag time of about two seconds.

I am convinced that this information comes to me through the information field. It could not come from the patient directly, because if it were information coming directly from the body of the patient, it would be information on his or her current condition. But I can receive information on the condition of the patient from any time in his or her lifetime—even from just after birth, and sometimes from before that, from the period of gestation in the womb. I can concentrate on any period of my patient's life and observe the movement of the Körbler bioindicator. In this way I can locate the period that is immediately pertinent to the health problem of the patient—because most health issues have roots in something that happened in one's lifetime. Often I can verify the occurrence of an event that created the health problem through independent sources—for example, through the mother of the patient or another person who had witnessed the given event. Then I try to correct the negative effect of that information by applying healing symbols. I use a similar procedure to find out whether there is a "miasma" causing the illness and then treat it, following Hahnemann's method, by nosodes.

This healing method I am describing has a great advantage: it can be learned and practiced by any qualified physician or healer. As we know, accessing another person's body and mind through the information field is possible for everyone. But to heal through this contact calls for sound medical knowledge on the part of the physician or healer. I can access the energy and information field of my patients by focusing on them, but I cannot heal them with any assurance unless I am thoroughly acquainted with the nature of their health problem. Only then can I suggest the rebalancing required to produce healing.

Another necessary condition of healing relates to the healer: The healer's

mind must be clear, and he or she must have an honest wish to heal. But healers must not be unduly involved with those they treat; they must distance themselves in order to receive unbiased information. They need to be open in regard to the information they receive about the nature of the problem, the nature of the remedy, and, in the case of homeopathy, also about the posology and potency of the required remedy. Only if they are open to receiving unbiased information, and also have the knowledge to apply it properly, can they heal reliably and effectively.

PART I

The Modalities of Nonlocal Diagnosis and Healing

1

A Short History of Healing with Information

EXAMPLES OF INFORMATION-BASED HEALING IN TRADITIONAL CULTURES

It is nearly impossible to account for all of the remedies and the healing traditions of the cultures of China, India, Egypt, Mexico, and others, but they all share the attribute of being based on information and of conveying a holistic view of the world. They link the healing of the physical body with the healing of the soul and spirit. Ancient cultures accepted the reality of subtle energies and used the bioenergetic processes that take place both inside and around the physical body in their healing. Although they go by different names, the subtle energies and related spiritual factors are the same across cultures and times.

China

The manifestation of cosmic energy was discussed in yin-yang theory in Taoism and early Chinese natural philosophy. The basic thesis stipulates that any one part can only be understood in its relation to the whole.

Yin-yang theory is based on the unity of two polar opposites and is a useful way of representing processes of change in nature. This system of thought is also reflected in Chinese medicine, according to which the harmony between the yin (the passive, receptive, lunar) and the yang (the active, creative, solar) is achieved in humans in a particular way: through the flow of chi, the fundamental life force. Its main method, acupuncture—the practice of which dates back thousands of years—is more akin to art than

science. Essentially, the goal of acupuncture is to restore the balance of energy flow within an energy system; the physical carriers of this flow can actually be measured with today's technology. By massaging the various acupuncture points, or by inserting needles into these points, or by drawing geometrical symbols at these points on the skin as in the practice of New Homeopathy, we can restore the functional balance of the diseased organism. One can only marvel at this system of medicine, which expresses with such perfection the subtle energetic fabric of the living organism and its role in the functioning of the physical body. The experiments of Dr. Ajandok Eory show that the oxygen consumption, carbon-dioxide production, and skin resistance of acupuncture points is measurably different from those of other points on the body.

Egypt

It was believed in ancient Egypt that the individual is made up of three main components: body, soul, and spirit. These three components, however, served merely as a starting point. With the advancements of religion, the definitions of the various layers of personality became more and more nuanced. The awareness, nurturing, and protection of the deeper layers of personality were necessary so that after death, one could live happily in the afterlife with Osiris. Although different papyri present different combinations of personality layers, we can identify ten major layers of personality: *sahu* (cosmic body), *ka* (the energy body of the physical body), *ba* (spiritual channel), *khabit* (shadow), *khu* (spiritual body), *khat* (physical body), *hari* (physical heart), of which the ethereal counterpart is *ab* (heart of consciousness), *sekhem* (life force), and *ren* (name). The physicians were responsible for healing the components of the body, while the priests and magicians were responsible for healing the components of the spirit.

India and Tibet

The ancient Hindu wisdom can be read in the Vedic hymns, which were given to humanity by Brahma through the "seeing" rishis between 1500 and 500 BCE. According to the Vedas, humans are composed of a physical and a subtle body. The layers of the subtle body are linked together to simultaneously perform the energetic nourishment of the entire body. Cosmic

energy flows through over 350,000 nadis (energy channels) and seven main chakras (energy centers).

Tibetan Buddhist teachings share similar beliefs. Human illnesses, both in the Hindu and the Tibetan medical traditions, are healed through spiritual techniques (such as meditation, spiritual yoga, and symbols) developed in the various planes of consciousness and manifested in the different layers of the aura.

Greece

Asclepius, the god of healing of ancient Greece, together with his daughter Panacea and the sacred snake on his side, has remained the symbol of medicine to this day. Asclepius was already revered as a god in the poetry of Homer, which means that he was considered as the highest deity of healing before the ninth century BCE. His descendants produced the healers throughout the half millennia that followed, with his priests serving in most of the healing shrines. There were around 340 healing temples in Hellas around 500 BCE, and sacred healing was known as “temple sleep” even outside of Hellas, as the same method had been used before in ancient Egypt, Mesopotamia, and Asia Minor.

The patients that came for sacred healing were prepared for a period of several days with a special diet, bathing, physical exercise, and conversations before they were escorted into the dedicated sleeping area inside the temple. The healing was done with the help of Asclepius while they slept. During the golden age of Greek culture, patients went on pilgrimages to the giant temples of Epidaurus, Pergamon, Kos, and Athens, and the prestige of healing sleep persisted for another five hundred years. Through long centuries healing was done through the power of faith and spiritual influence.

THE POWER OF GEOMETRY IN ANCIENT HEALING PRACTICES

Many of the ancient cultures, although located far from each other, used similar methods such as tattooing geometric shapes and parallel lines on bodies. These interesting instances of synchronicity are supported by research. There are relics all over the world—including in Indonesia,

Polynesia, Sudan, Nigeria, Brazil, and North America—that show how geometric shapes (especially parallel lines) were used in order to restore health and preserve or increase strength.[1]

In the autumn of 1991, an Austrian tourist found a corpse on the Italian side of the Ötztal Alps about sixty meters from the Austrian- Italian border. Based on scientific tests, the frozen corpse was shown to be around 5,300 years old. The melting shroud of ice revealed a brownskinned man with parallel lines over his back, legs, and wrists, and an isosceles cross on his knees. They found a stone knife, a bronze axe, and a bow and arrows lying next to him. Scientific research and an autopsy revealed the intestinal disease that corresponds to the tattooed parallel lines found drawn on the corpse.

In issue 55 of the magazine *Raum und Zeit* (Space and Time) from 1992, Körbler published an article titled "Neue Homöopathie VI," giving a detailed analysis of the significance of the equal-armed cross and the parallel lines found on the body. He had already stated in his earlier article called "Neue Homöopathie II" that ancient cultures used parallel lines and isosceles crosses drawn on the body for healing, in addition to medicinal herbs, although in ancient times "secondary antenna effects" of the geometric shapes occurring under very high frequencies were not known.

Körbler also researched the application of the isosceles cross among so-called primitive people, and he reported that members of the Huichol tribe living in a remote corner of Mexico still protect themselves from unfavorable influences with the help of isosceles crosses. They use them for healing purposes as well as for the geopathic and spiritual protection of their habitat. They protect the health of the tribal members with cross-shaped drawings. Crosses of a few centimeters are worn on the body, while two-meter-tall crosses are used to protect living spaces.

The research findings on Ötzi presented below are based on the article entitled "The Iceman" by Robert Csiszar that appeared in the July 2017 issue of *Természetgyógyász Magazin* (Natural Healer Magazine).[2] Herewith I reproduce (with his permission) Csiszar's article as his contribution to my book.

ÖTZI THE ICEMAN

The “Man from Hauslabjoch,” popularly known as Ötzi “the Iceman,” is a glacier fossil from the early Copper Age. The body of the approximately forty-five-year-old, 158 cm [5 ft. 2 in.] tall man was preserved nearly intact. He is assumed to have originally been taller, as the body shrinks in response to frost.

Ötzi is the world’s oldest intact human body. Scientists made new discoveries when analyzing his genetic material: the man frozen in ice had a predisposition for cardiovascular diseases, suffered from Lyme disease, which is spread by ticks, and was sensitive to lactose.

Researchers found fifteen groups of blue-black tattoos painted with coal dust on the fossil: the forty-seven parallel lines organized in groups were most likely drawn on the body for healing purposes. They are on the back, the lumbar area, the wrists, and around the right ankle. There is another cross-shaped drawing behind the right knee and several burn marks in classical acupuncture points [see fig. 1.1]. The latter marks indicate moxibustion, a traditional Chinese medicine therapy used for thousands of years.

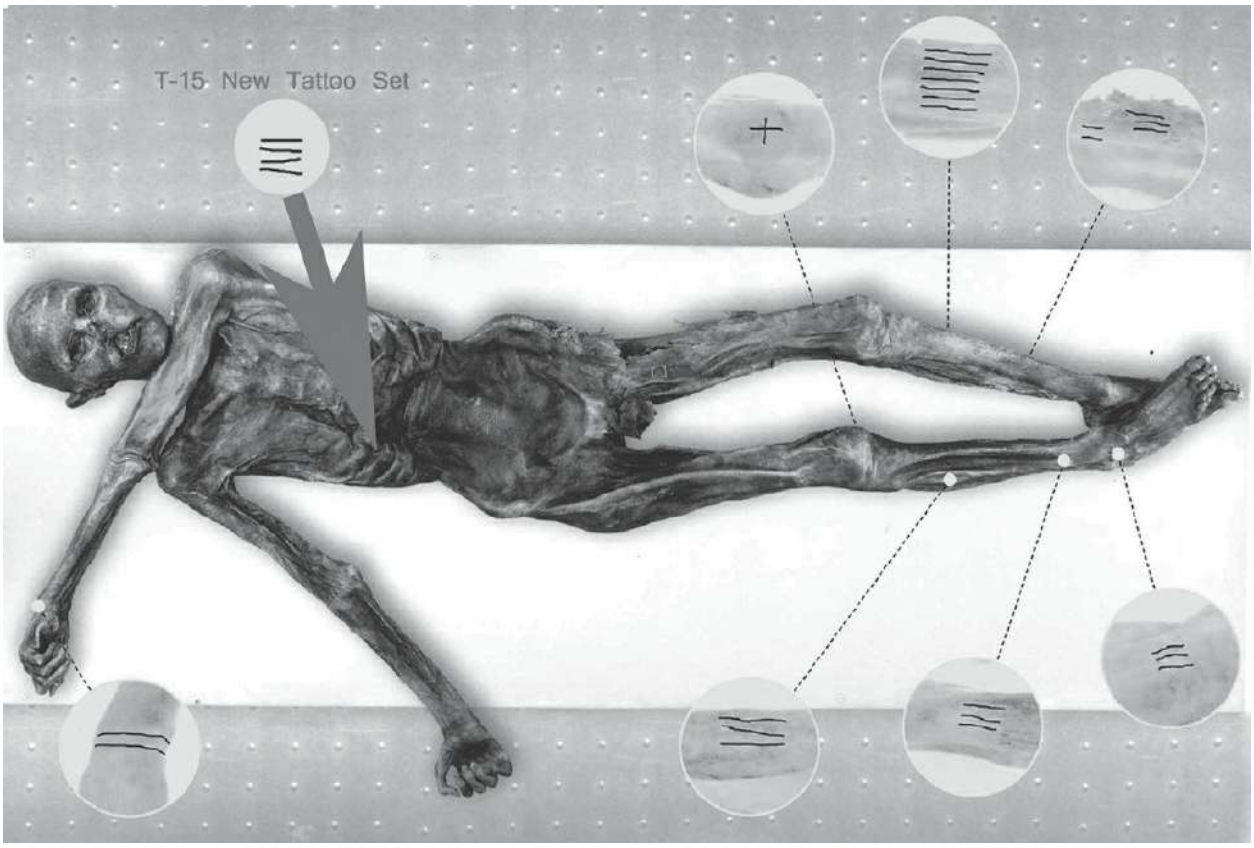


Figure 1.1. Groups of tattoos painted with coal dust found on Ötzi's body (Courtesy of the South Tyrol Museum of Archaeology)

In a *Raum und Zeit* article (issue no. 55, January 1992) Erich Körbler gave a detailed analysis of the significance of the isosceles cross and the parallel lines found on the frozen fossil. This article reiterated his previous statements that symbol-based healing was a common method in ancient cultures. His earlier assumptions that there is a "continuity" between the ancient cultures and the contemporary shaman healers seems to have been confirmed.

The signs tattooed on Ötzi's body were not created contemporaneously—some that had been applied years before his death had already faded. Moreover, Ötzi certainly did not paint the symbols on himself, as it would have been impossible to tattoo signs over one's own lumbar vertebrae. This tells us that Ötzi regularly visited the "medical practice" of his healer, with whose work he must have been satisfied since he kept returning—or perhaps this was a common method used by several healers at that time. One thing is

for certain: we must seriously reconsider our image of the “primitive” European humans of that era.

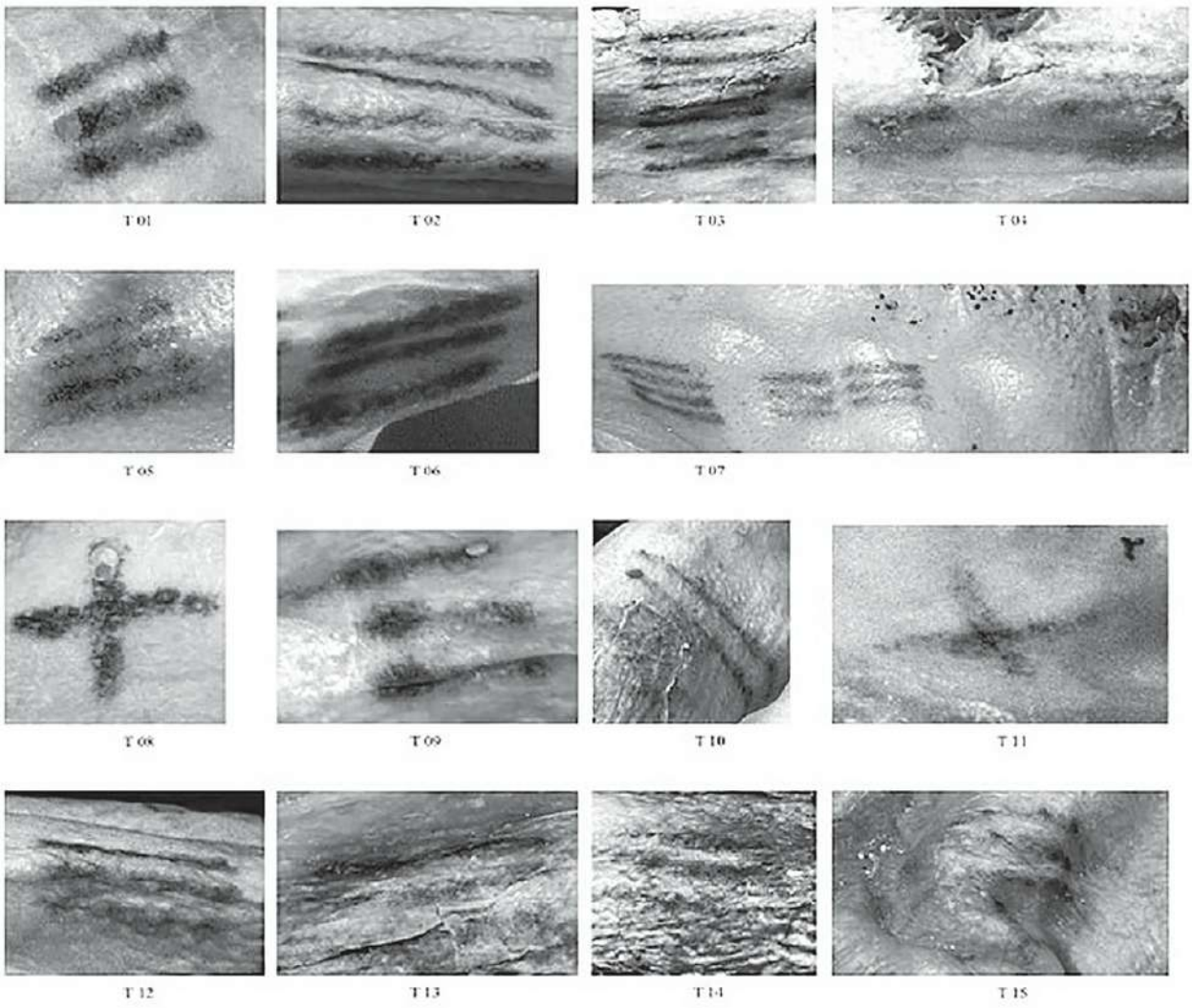


Figure 1.2. Forty-seven tattoos in fifteen groups on Ötzi’s body (Courtesy of the South Tyrol Museum of Archaeology)

Another factor that complicates the interpretation of the symbols on Ötzi is that they are not drawn at random but show a strong correlation with the system of ancient Chinese acupuncture, and the position of the symbols indicates from what chronic diseases the patients of 5,300 years ago suffered. If a patient today were to suffer [as Ötzi did] from lower back pain, urinary problems, and chronic fatigue, and saw a physician using symbol-based healing, the symbol drawings would be placed on exactly those areas of the

body [where they are found on Ötzi, see fig. 1.3].

If we analyze each group of symbols from an acupuncture point of view, the following findings can be made in regard to the symbols on the lower back: the groups of symbols on the lower back follow the line of the bladder meridian and correspond to the associated *shu* points [fig. 1.4]. These points and their most important indications are:

Figure 1.3. Groups of symbols on Ötzi's lower back area, corresponding to the associated acupuncture points (Courtesy of the South Tyrol Museum of Archaeology)

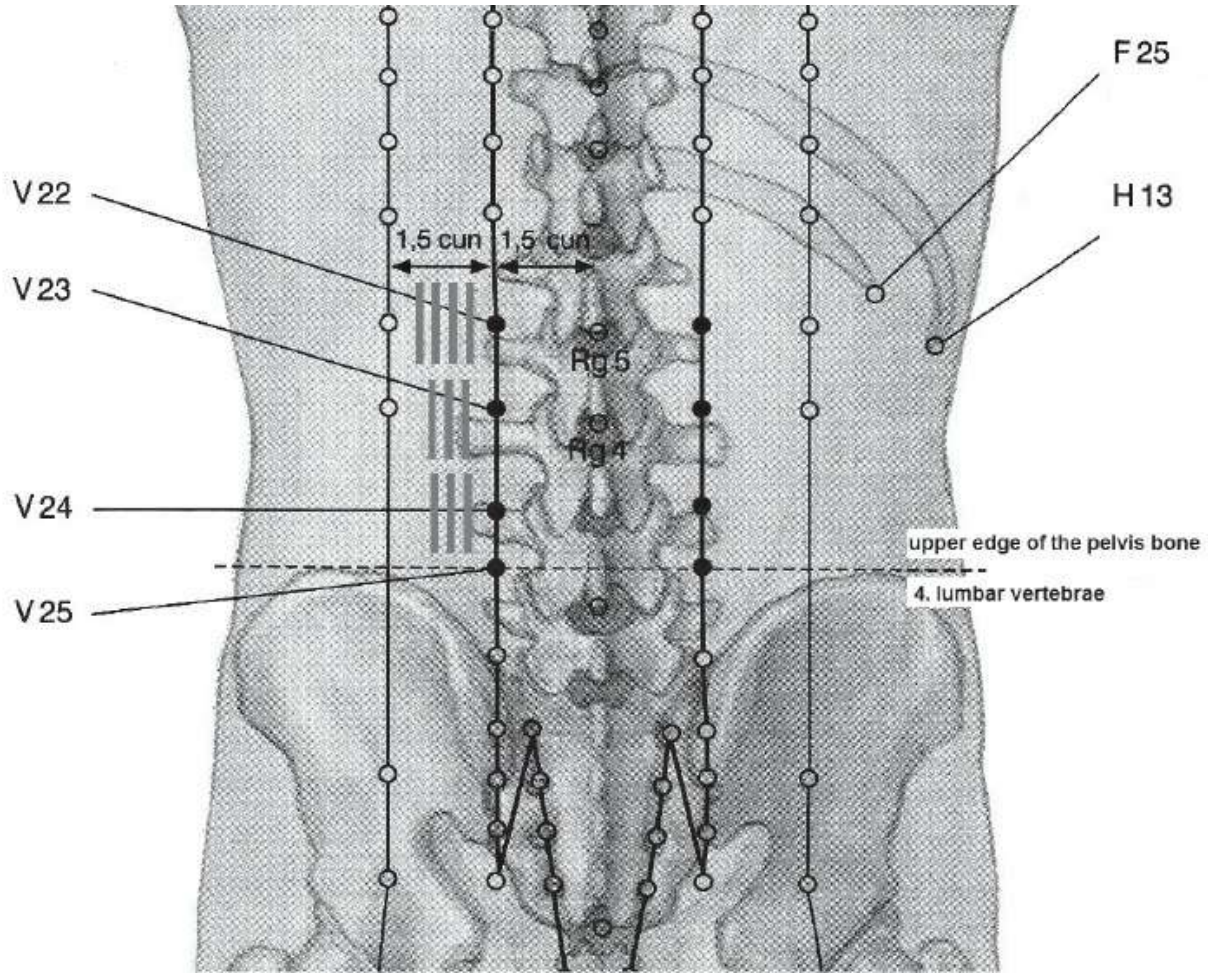


Figure 1.4. A diagram matches Ötzi's tattoos to the vertebrae (Courtesy of Robert Csiszar, from his book *Informacios Gyógyitás: alkalmazása a mindennapokban,* 2020)

Bladder 22—*Sanjiaoshu*: stimulates the chi, harmonizes fluid balance, affects abdominal, lower abdominal, back and lumbar pain;

Bladder 23—*Shenshu*: has a harmonizing effect, strengthens the lumbar area, improves hearing and sight, lower back pain, urinary disorders, fever and feeling cold;

Bladder 24—*Qihaishu*: dorsal regulator of chi, conducts the chi into the *lower burner* (temperature control), relieves lumbar pain and hemorrhoids.

Ötzi had two more groups of symbols on his lower back that had been

tattooed earlier and had already faded, so that these were only discovered recently:

Bladder 25—*Dachangshu*: regulates the large intestines, strengthens the lumbar area and the knees, relieves bloating in the lower abdomen, diarrhea, constipation, lower back and lumbar pain, and bloody stool;

Bladder 26—*Guanyuanshu*: relieves lumbar pain, harmonizes the *lower burner* (temperature control) area.

Based on the above, we can summarize Ötzi's complaints that prompted him to see his "physician": back and lumbar pain, symptoms in the abdomen and lower abdomen, urinary irregularities. Although these symptoms can point to various diseases, the symptoms and their treatment would be similar. Moreover, he must have suffered from these issues for some time, as indicated by his earlier tattoos.

The therapy used was parallel lines arranged in groups of four or three.

What is astonishing is that in possession of our current knowledge of symbol-based healing and acupuncture, we would use the same symbols on the same points today. . . . The essence of symbol-based healing is selecting the *appropriate symbol* and applying it to the *appropriate place. We almost always use four or three parallel lines on the back* shu points, and hardly ever the cross, the Y, or the sine wave. But how did our ancestors know this 5,300 years ago?

Thousands of years ago, treating sick or injured tribesmen was the responsibility of the tribal leader. With time, the "healer's" function became separate from the "leader," and the former [healer] also assumed the role of magician and fortune-teller. There is, however, a big difference between tribal leaders and shamans—the process of succession. Tribal leaders and later kings preferred to choose their descendants as successors, whether or not they were qualified for the leading role. The shamanic healers could not afford to do the same; they always had to choose the most talented child and groom that person to become their successor, as the most important thing—the health and future of the community—depended on them. Throughout the history of healing, the shamans were often forced to hide (e.g., during the time of the witch hunts against the magicians and shamans during the reign of

King Stephen of Hungary), but have survived to this day. There is almost no country today that doesn't have practicing shamanic healers, and not only in Tibet or Russia, but also in South Korea, Japan, Brazil, the U.S., Canada, Scotland, and South Africa. This tradition is humanity's common "healing culture" heritage. This explains the great similarities between the symboland drawing-based healing methods of native groups of people that lived thousands of kilometers apart.

According to Chinese history, the science of acupuncture is associated with the reign of the Yellow Emperor (2697–2598 BCE), and the first description of Chinese internal medicine is "The Yellow Emperor's Classic of Internal Medicine," the *Huang Ti Nei-Ching.* Written records don't date back further, although some think that this book is a summary of previous knowledge. If Ötzi lived five to six hundred years before the time of the Yellow Emperor, acupuncture must be of earlier origin, but assuming that, the seven- to-eight-thousand-kilometer distance between China and the Alps still poses a dilemma. This can hardly be explained with our traditional knowledge of history.

Another reason why Ötzi is a special archaeological relic is that besides his frozen body, his entire gear was also found frozen in the ice. "These objects hold an enormous significance to the reconstruction of the apparel and weapons of the period, down to their particular characteristics," said Dr. Albert Zink (European Academy–Bolzano) in his presentation at the Hungarian Natural History Museum in 2015. The gear comprised a copper axe, a pair of shoes, a knapsack, a bow, arrows, and a quiver, while the apparel was both sophisticated and practical, consisting of woven grass sewn together with different kinds of leather.

What puzzled Dr. Zink and his colleagues the most was Ötzi's predisposition for cardiovascular diseases: "These had been presumed to be caused mainly by factors of modern lifestyle, such as lack of exercise, smoking, and unhealthy diet. That theory just crumbled."

The debate about the exact cause of Ötzi's death went on for a long time. He was first believed to have frozen to death or died of starvation, because he was stuck in a passage in the mountains. A small remnant of an arrowhead was then discovered in his left shoulder; he was shot in the shoulder, a main artery was severed and the ensuing heavy hemorrhaging caused his death. The blood found in the shoulder wound is the most ancient blood sample

known to man. Ötzi also most certainly suffered a cranial trauma above his right eye. Several theories have been proposed to explain the cause of the head injury, but the two most likely are that he either fell and hit a rock after being shot in the shoulder or his murderer wanted to be sure to kill him and hit him in the head with a stone after shooting him. We will most likely never find out exactly what happened, but one thing is for sure: Ötzi didn't die of his head injury.

THE GROWTH OF THE MECHANISTIC WORLDVIEW

Despite the shared ancient heritage of healing with information, Christian doctrine dominated the European Middle Ages and influenced the way healing was practiced. In principle, healing was left to the power of faith, while in practice it developed on the basis of experience: a practical branch of human activity, developed over centuries of trial and error. European culture was built on the rationality of the Greeks, further developed by the Romans. It produced a whole series of mechanical devices such as clocks, windmills, water mills, animal-powered agricultural implements, and horse-drawn carriages. In the theories that inspired these developments the world was split into a mechanical part and a spiritual part, the latter conceived according to the doctrines of the Christian Church. "Moral philosophy" was the province of the Church, and "natural philosophy" received reluctant approval as the province of laypersons beyond the monastic walls. The divide was strictly enforced: Giordano Bruno was burned at the stake for attempting to transgress it. Ethics, values, mind, and soul obeyed the dictates of God as interpreted by Church authorities, whereas the nature of the world—the "primary qualities" of the observed world—were given rein to develop on the basis of observation.

In line with the practical bent of medieval European culture, the world concept that evolved on the basis of its relative independence from the Church was modeled on the experience of mechanical devices. The world as a whole was perceived as a giant mechanism. Human bodies, as indeed all living things, were seen as mechanistic aggregates, and, if sick, were to be healed accordingly. Thought, soul, values, and similar properties did not enter—and were not allowed to enter—into the domain of healing and

medicine.

The mechanistic world concept found rapid development with the invention of the telescope and the realization, thanks to the work of Galileo and Kepler, that the sphere of the heavens obeyed the same mechanistic laws that hold sway on Earth. Into this development entered the work of Isaac Newton. His *Philosophiae Naturalis Principia Mathematica* (Mathematical Principles of Natural Philosophy) was published in 1687. In this monumental synthesis of the applicable laws and their effect in and on the world, Newton codified the law of universal gravitation and laid down the foundations of the emerging "natural science" with the help of mathematical axioms. He provided a mathematical explanation of Kepler's law of planetary motion, complementing it with the idea that planets can not only move in an elliptical orbit but also in hyperbolic or parabolic orbits. His laws played an important role in the scientific revolution and the spread of the heliocentric worldview. From that point on, all known disciplines of mainstream science were built on the Newtonian theory of classical mechanics.

Newton's followers turned the mainstream paradigm into a mechanical-materialist scheme. They ignored the fact that Newton himself was a mystic; he held that his laws merely describe the surface manifestations of deeper realities. The Newtonians, however, built the Newtonian synthesis into an all-embracing worldview. According to this view, there is no such reality as soul or spirit. Consciousness is an epiphenomenon, a product of brain function.

The materialist worldview transformed people's perceptions. As the world was thought to consist of nothing but matter and its various manifestations, all theories that went beyond materialist thinking were considered arcane at best and heresy at worst. But in the course of the last century it became clear that the materialist world concept cannot provide a consistent account of the phenomena of life and mind.

2

Innovations in Complementary Medicine

THE CONTEXT OF THE NEW SCIENCES

New findings place the phenomena of life on the firm ground of scientific inquiry, overcoming the divide between the natural world as a mechanism and the world of life and mind as separate, supernatural phenomena. In the new conception, life and mind are part of the natural world, and their treatment follows the principles that apply to living systems wherever they may appear and whatever their level of development.

Beyond mechanistic manipulation and material intervention, the living system can be treated by more subtle means, effective but not completely and necessarily observable by means of sensory perception. These “subtle” elements have a common conceptual basis: “information.”

Information is a key concept of the new medicine, just as it is a key concept of our age. We know that a piece of news can change or transform our thoughts, our emotions, and our actions in both individual and social terms. Just think how shocked we may be when we are informed of natural disasters and accidents, and how much this can affect our thinking, our behavior, and our actions. For the human species, and in a broader sense for the living world as a whole, information is vitally important: the “message” affects the “recipient.”

The concept of information is broader than its traditional usage. A computer receives information, stores it, and passes it on, but it doesn’t get affected by it. However, an animal or a human being does. This is self-evident. But how is information affecting the living body, and what is its

value in healing and medicine?

The connection between information and medicine stands to reason. Independent connection among the parts of the organism must occur quickly over distance; this is essential if the organism is to maintain the coherence it requires to sustain itself in its physically unstable living state far from thermal and chemical equilibrium. The staggering number of physical and chemical reactions in the organism cannot ensure this level of coherence, for they cannot be adequately coordinated by narrow-band and relatively slow neural and biochemical signal transmission. Only the nonlocal "entanglement" of the organism's cellular and subcellular components can ensure a sufficiently rapid flow of multidimensional information to maintain the system in the living state.

Information-based methods heal disease not only because one or another information flow becomes better balanced, but because balancing that flow creates conditions in the organism that improve its resonance with what I call the generic species pattern in the information field (for more information see chapter 3 and plate 1).

The age-old insight that the organism can heal itself when it is in touch with the universe is reaffirmed in the new sciences and in information medicine. The information that codes all things in the universe is present in every human being. It is complete and functional, governing the myriad processes of the organism, and capable of correcting a wide range of malfunctions. But it needs to be accessed, and this calls first of all for recognizing that it is present, and that it *can* be accessed. Helping people and medical practitioners to recognize this is one contribution of information medicine to our health and well-being.

REDISCOVERING HOLISTIC MEDICINE

Academic medicine is effective, as we all know. There is hardly anyone in the Western Hemisphere who has not been subjected to the medicines and cures prescribed by academically trained physicians. The problem with Western medical practices is that they are, in a sense, *too* effective. Often, taking the medicines prescribed by medical practitioners is like shooting at fleas with cannonballs. When a cannonball is indicated (as it is, when we are dealing with monsters rather than fleas), such medicines are useful and even

necessary. But in many cases cannonballs are not required; something more subtle would do—something like "information" for the body to work with, rather than massive interventions in the body's biochemical processes. In those cases Western healing practices can do more harm than good. Indeed, European and American hospitals are full of patients who were made sick—or made sicker—by the treatment prescribed by their physicians.

Western medications are typically "allopathic." They cure (or attempt to cure) bodily malfunctions either by killing the malfunctioning cells and tissues or by changing their chemistry. Standard medical science assumes that all bodily functions—and hence all malfunctions—are chemical in nature; more exactly, they are biochemical. If so, then illness is a biochemical malfunction, and it is to be cured by biochemical means. In many cases this means supplying the biochemical product that the malfunctioning organ does not supply, or supplies in insufficient amounts. An allopathic treatment shoots vitamins or hormones, or digestive juices or acids, into an organism that does not produce enough of these substances by itself. This kind of treatment gets rid of the results of the malfunction (there is now enough of whatever was missing in the organism), but it does not get rid of the malfunction itself. The body *seems* healthy again, although it is just as sick as it was before, only its sickness is no longer evident.

Western medication provides crutches for the ailing organism to limp along. When crutches do not work, Western medicine can offer more radical solutions, such as to surgically cut out or chemically kill off the malfunctioning cells and tissues—in the hope that the malfunction is confined to them, so that when they are gone, the rest of the organism will function normally.

As we have noted, in cases of major malfunction these methods are useful and sometimes necessary: they are a treatment of last resort. But when other methods are available one should not resort to last resorts, but look for less drastic and, above all, less risky alternatives. Alternatives to Western medical practices *are* available; non-Western healers have known them for thousands of years. Today people all over the world are rediscovering them, as interest in holistic and other alternative forms of medicine spreads and intensifies.

The principal complement to the biochemical and surgical procedures of Western academic medicine is holistic medicine. Holistic medicine is likely to have originated in the East, but it has not remained confined to the East.

Time and time again, great healers in both East and West have practiced its tenets. Its fundamental principle is entirely different from that of Western medicine.

Instead of correcting for a malfunction by biochemical means or surgical intervention, holistic medicine seeks to enable the body itself to correct for the malfunction. Hence holistic healers do not "cure" their patients; they enable the patients to cure themselves. Indeed, "holistic" means not only that the treatment takes into account the entire organism of the patient, and even his or her mind-set and relations with the environment, but also that it considers the organism as a self-maintaining and self-healing whole, capable of correcting for whatever disease or malfunction may befall it on occasion.

In the Western world the classical homeopathic principle is based on this simple yet profound insight. It trusts to the self-healing power of the body, seeking to mobilize these powers on the principle that "like cures like." (This is where the name *homeopathy* comes from: *homeo* means "the same," and *pathy* here means a "system.") In practice this calls for giving the organism some of the same thing that made it sick. But what this "thing" is makes homeopathy different from the typical Western approaches. It is not the same biochemical substance that caused the disease: that would mean vaccinating the body against the illness. Rather, in homeopathy the thing that is given to the body is said to be a vibration of a particular frequency, corresponding to a vibration in the malfunctioning body. Whether it is a vibration or something else, what a homeopathic remedy conveys is not a biochemical substance. This is evident in that in a remedy with the more than relatively modest D23 potency not a single molecule of the original substance is likely to be present —the processes of sequential dilution has eliminated it. Homeopathic remedies remain effective notwithstanding this fact—or, perhaps, precisely *because* of it.

What, then, does a homeopathic remedy "do" for the sick organism? The reasonable answer (aside from insightful but vague talk about vibrations) is surprisingly simple: it "in-forms" it. Information is not merely the communication of meaning; it can be, and in medicine it often is, literally "in-formation." That is, the subtle alteration of the organism by the "message" it is receiving. There are several means of in-forming the body. In addition to homeopathy, these include chakra therapy and geometric symbols, all of which change the vibrational structure of the problem area of the

organism.

Resorting to the use of information is indicated when the biochemical treatment of mainstream medicine fails or overshoots the mark. This is because the body is not just a biochemical machine: more goes on in the organism than chains of chemical reactions. Of course, such reactions do go on—hundreds of thousands every second—but they are the surface manifestations of the underlying processes. The chemical reactions that occur on the level of cells, tissues, and organs are the end results of a long chain of causes and effects that is not initiated by purely chemical processes.

The organism operates on several levels at the same time. This is not supernatural—a computer does likewise. When we interact with our computer we normally interact through the "language" of its program. When that is not sufficient, there is something seriously wrong: we must call a technician to take apart the computer and interact with its electronic circuits. Screwdriver and soldering iron in the hands of the technician are the counterpart of scalpel and scissors in the hands of the surgeon. They are the tools of last resort.

Better—and ordinarily more effective—ways of communicating with the computer are through its programs. These communicate with the electronic switches in the bowels of the machine, but the programs themselves are not electronic: their operative characteristic is not the flow of electrons but the flow of information. The fact that information flow guides the electron flow is not something with which we need to ordinarily concern ourselves. It is enough that we provide the right information; the computer will carry out the corresponding electronic operations.

The computer, unlike a manual typewriter or a mechanical calculator, is an information-sensitive system. Although it is information-based, it is not holistic in the sense in which a living organism is. Even though a computer can have self-diagnostic and self-correcting programs, it is not an intrinsically self-repairing system. But an organism, with few (and then dramatic) exceptions, is such a system. To heal a living organism it is ordinarily sufficient to enable it to carry out its own self-repairing functions.

The human body is more complex than a computer, and it needs a constant input of information to function. Information-based remedies, whether they are homeopathic, Ayurvedic, geometric, or use acupuncture and acu-massage, provide the necessary information. All these methods modify

the vibrational structure of the body.

Information medicine never treats the symptom alone, but attempts to remedy the cause of the symptom. It treats any malfunctions in the organism (i.e., disease) not only in a biochemical or surgical way, as classical Western medicine does, but in a way that allows the information operating in the system to maintain the biochemical structure of the organism. It operates under the assumption that the living organism is a self-sufficient, self-healing *whole*, capable of correcting and healing its periodically occurring functional disorders and diseases.[*6] If the malfunction has not manifested in the physical body, it is easier to overcome its physical pathologies by correcting the information that maintains the system. Thus we can rely on the traditional principle of Chinese medicine: *give priority to prevention over healing.*

Information medicine activates the body's self-healing mechanisms. The healer changes the information in the malfunctioning parts, and thus helps the body trigger its self-healing processes. Information medicine not only views the physical body as a unified whole, but also considers the patient's emotions, mind-set, relationships, and circumstances. It uses numerous methods, such as homeopathy, psionic medicine, lowdose medicine, Körbler's "New Homeopathy," various bioenergetic methods, and radionics —among others.

A further development in the field of information medicine is low-dose medicine, pioneered by the Italian researcher Alessandro Pizzoccaro. The following paragraphs are his special contribution to this book.

THE COMING OF AGE OF LOW-DOSE MEDICINE

Alessandro Pizzoccaro

> In the last ten years, the results of Italian bio-technological research in the field of low-dose pharmacology has outlined new treatment possibilities for many diseases, and it has attracted the attention of the scientific community to new, cutting-edge, effective, side-effects-free drugs and to a new medical paradigm: low-dose medicine.[1]

Low-dose medicine (LDM) was born from the dream of a medicine centered on the person and in harmony with nature; LDM originates from the merging of molecular biology and psychoneuro-endocrine-immunology (PNEI) and was developed thanks to research in the field of low-dose pharmacology.

It is an ancient and wise approach, and it also derives from the homeopathic tradition, but at the same time it is very up-to-date. In fact, from the second half of the 1980s, the development of the concepts expressed by PNEI has determined a change of perspective in the interpretation of the biological functions of the human organism and its diseases, shifting from an organic vision (every disease affects a single organ or tissue) to that of a cellular network. This perspective claims the importance of the continuous dialogue—cross talk—between cells, organs, and systems both in physiological and pathological conditions (every disease is the expression of a communication defect between the cells of different systems).

It is starting from these premises that pharmacological research has focused on the role played by biological molecules, thus opening the way to a new option in the therapeutic field: the use of the same organic molecules utilized as a medicine to bring back a sick organism to its original physiological conditions.

These biological molecules are well known and studied by molecular biology, which defines them, not surprisingly, as messenger (signaling) molecules, that is, substances able to bring the “correct instructions” to different cells; they are neuropeptides, hormones, cytokines, and growth factors, all of which are fundamental molecules of regulation and tissue stimulation. These are the “words” with which cells interact with each other.

A new pharmacology based on the activity of signaling molecules such as cytokines represents one of the most interesting frontiers of medical science. The possibility of using these molecules at low doses (sub-nanomolar concentration) enriches the messenger-molecules-based pharmacology with even greater interest and fascination: anyone who has dealt with inflammatory and autoimmune diseases could “only dream” of such therapeutic tools. Unfortunately, that dream vanished, frustrated every time by the

observation of the side effects induced by the high dosages normally used in experimentation.

Today, this new pharmacological and clinical paradigm called low-dose medicine suggests that the “dream” is still alive and that the history of the therapeutic use of cytokines has yet to be written, and will most likely be in a low-dose mode.

Which medicine can be more effective than the one that uses, as drugs, the same substances that make the body function physiologically? Is there a medicine that is safer and more organic than one that follows the rules of nature?

Nature has very strict rules: messenger molecules, through which cells exchange information so that every biological mechanism is perfectly efficient, work only if their concentration is physiological, and this is a very low concentration.

The minimum active dose for these molecules is generally among the lowest pharmacologically active (10^{-5}) and maximum physiological concentration (10^{-6}); low-dose pharmacology moves within the range of physiological concentrations of signaling molecules, thus, below the concentrations to which adverse effects appear but also achieving appreciable therapeutic results. The ligand-receptor binding properties are critical to explaining how low-dose signaling molecules can be effective. The receptor’s affinity for its specific ligand is critical to activate signal pathways downstream of the receptor itself; in conditions of saturation of the ligand, in fact, the receptor blockage and/or its down-regulation is generally induced. Lowdose molecules can, however, induce direct physiological receptor stimulation on immune cells (as described by S. Gariboldi et al. in their 2009 study, “Low Dose Oral Administration of Cytokines for Treatment of Allergic Asthma,” in *Pulmonary Pharmacology and Therapeutics*) by modulating responses within the homeostatic range; low-dose medicine achieves one of the key elements of the PNEI approach, restoring the integrity of the physiological network of signaling molecules.

Inspired by the studies of Cooke and Bettelli and based upon the studies of Mendez-Samperio, the clinical use of low-dose cytokines is based on the biological principle of physiological regulation through

cross-regulation mechanisms. Taking into consideration that each disease is the expression of changed concentration of specific cytokines—with respect to the homeostatic physiological range—often due to overor under-expression of lymphocyte subsets, it is possible to up- and down-regulate the cytokine's concentration using the same or antagonistic cytokine, according to positive- and negative-feedback mechanisms. In fact, as described by Cooke and Bettelli, the subsets cross-regulate expansion and functions for each other via up- and down-regulation of specific cytokines, and all these mechanisms are led by sub-nanomolar cytokine concentrations.

In the last ten years the first solid steps have been taken in the field of low-dose medicine research, and today we have evidence that gives hope that we are on the right path.

Ten years of scientific research on low-dose medicine has enabled scientists to provide data that can demonstrate:

1. The validity of the theoretical concepts underlying the LDM approach;
2. The centrality of the pharmaceutical process technology called SKA;
3. The effectiveness of the experimental and clinical use of low doses of SKA-activated signaling molecules;
4. The immunomodulating and immunostimulating activity of the tested cytokines and the trophic action of the growth factors; and
5. The safety of the tested preparations.

This first tranche of works has made it clear that the safety of these dosages is very high, and this safety is not a trivial matter. They also highlight that low-dose drugs are particularly useful for the induction and maintenance of a low-disease activity status in patients with morbidity conditions.

Finally, research made it clear that low-dose therapies are ideal for long-term treatments owing to the absence of adverse effects and overload phenomena.

Low-dose medicine also has some limits: for example, in some stages of disease, when homeostatic and biologically regulated systems are highly compromised, low-dose pharmacology cannot be

effective alone (although it is not clear if this is a real limit or an opportunity for the combined use of synthetic and low-dose drugs).

Nevertheless, low-dose medicine will be able to help us understand how to act on the most intimate causes of many pathologies—above all inflammatory ones—that recognize in an alteration of the communication in the immune system its own profound origin. It cannot be accidental that serious diseases, with their increasing incidence, such as inflammatory bowel diseases, rheumatoid arthritis, psoriasis, allergies, and arthritis, are all connected by the same, subtle common thread of inflammation that is the first and most dramatic consequence of the alterations of the immune network.

3

Setting the Stage for Nonlocal Healing

LASZLO'S CONCEPT OF THE COSMIC INFORMATION FIELD

There is a popular phrase that rings true in the field of so-called alternative medicine: everything old is new again. As we have seen in the previous two chapters, ancient techniques of healing are resurfacing in our modern society. But while the ancients did not have to reckon with the scrutiny of modern scientific standards, we must. This leads us to the question, How might these rediscovered "innovations" work from a scientific standpoint?

Information exists in nature. The universe manifests fine-tuned connections that suggest the presence of effective information. There are also close information-based connections within the organism, as well as between the organism and its surroundings. And there are informational connections in the domain of consciousness. They involve connections between the consciousness of one person and the mind and body of another.

These connections include information-based links between the particles that make up the substance of the universe, as well as between the parts or elements of the systems constituted of the particles. The links fine-tune the particles and the elements of the systems, creating space- and time-transcending coherence among them. The nonlocal forms of the connections show up in fields as diverse as quantum physics, cosmology, evolutionary biology, and consciousness research. They have important implications. There is not only matter and energy in the universe, but also a more subtle yet real element: an element we can identify as information.

The information that is present in nature is not the everyday variety of

information but a special kind: it is “in-formation”—the active, physically effective information that “forms” the recipient, whether it is a quantum, a galaxy, or a human being. This “in-formation” stems from the quantum vacuum, the complex energy sea of the universe.

Vacuum in its ordinary sense of the term means “empty space.” In cosmology it is used to refer to cosmic space in the absence of matter. In classical physics such space was considered passive, unsubstantial, and Euclidean; that is, “flat.” But in the nineteenth century physicists speculated that cosmic space is filled with the invisible energy they called luminiferous ether. It was believed that the ether produces friction when bodies move through it and thus slows their motion. But at the turn of the twentieth century the Michelson-Morley experiments failed to observe the expected effect, and the ether was removed from the scientist’s world picture.

But the concept of empty space did not persist for long. Relativity theory wed space with time in a four-dimensional matrix that interacts with matter. Subsequent observations and experiments showed that this matrix has a physical reality of its own. In the “grand unified theories” (GUTs) advanced in the second half of the twentieth century, the vacuum is a physical energy-sea that carries the zero-point field, the ZPF. In unified theories the roots of all of nature’s fields and forces are in the “unified vacuum.” The vacuum is neither empty space nor a purely geometrical structure: it is a physically real medium that interacts with matter and produces physical effects.

The physical interpretation of the vacuum in terms of the zero- point field was reinforced when Paul Davies and William Unruh differentiated between uniform and accelerated motion in the zero-point field. Uniform motion does not disturb the ZPF, leaving it isotropic (the same in all directions), whereas accelerated motion produces a thermal radiation that breaks open the field’s omni-directional symmetry. During the 1990s, numerous scientists explored this premise.

Some of the explorations focused on the Casimir force, a vacuumrelated phenomenon that occurs when some wavelengths of the vacuum’s energies are excluded from the space between two closely placed metal plates. This reduces the vacuum’s energy density with respect to vacuum energies on the outer side of the plates. The disequilibrium creates a pressure—the “Casimir force”—that pushes the plates inward and together. Research also focused on the Lamb shift, a vacuum effect consisting of the frequency shift exhibited by

the photons emitted as electrons around the atomic nucleus leap from one energy-state to another. The shift is said to be due to the photon exchanging energy with the ZPF.

Harold Puthoff, Bernhard Haisch, and collaborators produced a sophisticated theory according to which the inertial force, the gravitational force, and even mass are consequences of the interaction of charged particles with the ZPF.

Pressure waves have been found to propagate in interstellar space. Astronomers in NASA's Chandra X-ray Observatory found a wave generated by a supermassive black hole in the Perseus cluster of galaxies 250 million light-years from Earth. The wave has been traveling in the vacuum for the past 2.5 billion years. The pressure wave's frequency corresponds to the musical note B flat, but our ears cannot perceive it: it is fifty-seven octaves below middle C, more than a million billion times deeper than the limits of human hearing.

At smaller scales, the presence of information is likewise evident. The evidence concerns the nature of the bonds among water molecules. We know that living organisms consist of as much as 70 percent water. But it was not known that the properties of water are those that make life itself possible. These crucial processes concern the bonds between the hydrogen components in H2O molecules. These are more than ten times weaker than the typical chemical bonds. Because of the stretching of the molecular bonds between hydrogen atoms and their host oxygen atom, every drop of water is a constantly forming and re-forming assembly of molecular structures.

The measure of the energy derived from the vacuum is not established, however. If it is as great as the Standard Model's calculations indicate, not only would distant galaxies recede, but all galaxies, and indeed all stars and planets, would fly apart. The universe would expand like a rapidly inflating balloon. Space would be nearly empty in the vicinity of the Earth.

The vacuum is an informational medium that transports photon- waves (light) as well as density-pressure waves, replenishes the energy lost in atoms and solar systems, exerts the force that may ultimately decide the fate of the universe, and endows the particles we know as "matter" with mass. It is not empty space, but a physically real information field.

Connectivity in the Vacuum

Could the vacuum convey the active form of information David Bohm called "in-formation"? According to Apollo astronaut Edgar Mitchell, information is part of the basic substance of the universe. The quantum vacuum is the "holographic information mechanism that records the historical experience of matter." The question is, How does this information actually work? How does it record the "historical experience of matter"?

We know that interactions between things in the physical world are mediated by energy. Energy can take many forms—kinetic, thermal, gravitational, electric, magnetic, nuclear, and actual or potential—but in all its forms energy conveys some effect from one thing to another, from one place and one time to another place and another time. Energy, however, must be conveyed by something; if it is conveyed across space, space cannot be empty, a vacuum. The vacuum, scientists now realize, is an active, physically real plenum. It conveys not only light, gravitation, and energy in its various forms but also "in-formation."

How the vacuum conveys information can be understood through the metaphor of waves in the sea. When a ship travels on the sea's surface, waves spread in its wake. These affect the motion of all ships in the sea. The path of every ship is exposed to these waves and its path is "in-formed" by them. All vessels "make waves," and their wavefronts intersect and create interference patterns.

If many things move simultaneously in a waving medium, that medium becomes modulated: full of waves that intersect and interfere. This is what happens when several ships ply the sea's surface. When we view the sea from a height—a coastal hill or an airplane—we can see the traces of all the ships that passed over that stretch of water. We can also see how the traces intersect and create complex patterns. The modulation of the sea's surface by ships carries information on the ships themselves. It is possible to deduce the location, speed, and even the tonnage of the vessels by analyzing the interference patterns of the waves they create.

As fresh waves superimpose on those already present, the sea carries more and more information. On calm days it remains modulated for hours or days. If wind, gravity, and shorelines did not cancel these patterns, the wave-memory of the sea would persist indefinitely. The wave-memory of the sea is a dynamic metaphor for the memory of the wavefield that constitutes the

deep dimension of the universe.

The "Information" Field

The idea that information is present in nature is a recurrent insight in history. It calls for the recognition that information is not an abstract concept: it has a reality of its own. As an element of the universe, it is best seen as an information field.

The evidence for a field that would conserve and convey information is not direct; it must be reconstructed in reference to more immediately available evidence. Like other fields known to modern physics, such as the gravitational field, the electromagnetic field, the quantum fields, and the Higgs field, the information field cannot be seen, heard, touched, tasted, or smelled. However, the effects of the information can be perceived. This is the same in regard to the other fields known to science. The effect of the G-field is gravitation among separate masses; general relativity and related field theories seek to show that the existence of this field is the simplest and most logical explanation of the effects. The effect of the EM-field is the transmission of electric and magnetic force and of the Higgs field is the presence of mass in particles. The effect of the weak and strong nuclear fields is in turn attraction and repulsion among particles in proximity to each other. The effect of the information field would be the quasi-instant connection that creates coherence in the systems investigated in the physical, cosmological, and biological sciences, and in consciousness research. The simplest and most logical explanation of this coherence is "nonlocal" connection among the entities that make up the given systems.

The concept of an information field is a fully warranted addition to the fields known to science. Things and events could not be affecting each other without being connected by some physically real medium. Entities that are linked with each other across space (and perhaps also over time) are connected by an intervening field. Electric and magnetic phenomena are connected by an electric and magnetic field: the EM field. Michael Faraday's EM field was a local field, associated with given objects. James Clerk Maxwell then proposed that the electromagnetic field is not local but universal: it is present everywhere. Modifications of the EM-field travel throughout space at the speed of light. A changing electric field produces changes in the magnetic field, and this produces changes in the electric field.

The universal electromagnetic field was a revolutionary insight, for it meant abandoning the notion of empty space as a vehicle for conveying the forces involved in the interaction of particles. Space was hence- forth conceived as a universal field connecting particles whether they are contiguous to each other or removed to any finite distance.

This field is required to account for the kind of connections that create coherence in systems at all scales and in all domains of nature, from the microdomain of quanta, through the mesodomain of life, to the macrodomain of the cosmos. Just as electric and magnetic effects are conveyed by the EM-field, attraction among massive objects by the G-field, and attraction and repulsion among the particles of the nucleus by quantum fields, so nonlocal connections are conveyed by a universal information field.

This field can also be considered the Akashic field. In Asian cultures, Akasha is an all-encompassing medium that underlies all things. It is real, but it cannot be perceived in itself. The ancients said that it can be perceived through spiritual practice. The Rishis claim to have perceived it through a disciplined, spiritual way of life, and through yoga. In modern times the Akashic field has been described by, among others, the Indian Yogi Swami Vivekananda. According to Vivekananda, the whole universe is composed of two materials, one of which is the Akasha. The Akasha is an omnipresent, all-penetrating dimension in nature. Everything that has form, everything that is the result of combination, said Vivekananda, evolved out of Akasha. The Akasha became air, liquids, solids; it became the Sun, the Earth, the Moon, the stars, the comets. It became the human body, the animal body, the plants, every form that we see, and everything that exists. At the beginning of creation there was only Akasha. And at the end of the cycle of existence in the cosmos the solids, the liquids, and the gases all melt into the Akasha, and the next phase of creation arises again from the Akasha.

The Akashic vision of a cyclic universe—of a Metaverse that creates universe after universe—is also the vision we get in the scenarios traced by contemporary cosmologists. It is the field out of which emerged particles and atoms, stars and planets, human and animal bodies, and all the things that can be seen and touched.

The maverick genius Nicola Tesla adopted this vision. He spoke of an “original medium” that fills space and compared it to Akasha, the light-carrying ether. In his unpublished 1907 paper “Man’s Greatest

Achievement," he wrote that this original medium, a kind of force field, becomes matter when Prana, cosmic energy, acts on it, and when the action ceases, matter vanishes and returns to Akasha.

Today, a hundred years later, the Akashic vision is revived. Scientists realize that space is not empty, and the quantum vacuum is in fact a cosmic plenum. It is a fundamental field that corresponds to the ancient concept of Akasha. It is the field that interconnects all things, and that conserves the trace of all things. In that respect the scientific concept of an Akashic field also matches the popular notion of the Akashic Records: the constant and complete memory-store of the Universe.[1]

The vacuum, a cosmically extended holographic medium, encodes the adventures of objects throughout space and time. As a result the hologram-like substructure of the vacuum co-evolves with the quanta, and the macroscale configurations of quanta, that are the furnishings of the observable universe.

The sub-quantum interaction postulates of our unified interactive dynamics enlarge the standard concept of the universe. The universe now includes *both* the sphere of actualized matter-energies *and* the virtual energy fluxes of the quantum vacuum. Given that the energies contained in the latter are larger by several magnitudes than all the actualized vectorial energies, their continuing neglect in the study of real-world processes would be like insistently disregarding the depths of the high sea while studying the dynamics of the ripples that play on its surface.

As we have seen, due to recent technological advancements and the new tools of physics, we are now able to describe and observe phenomena and fields that would have been "unmeasurable" based on the laws of Newtonian physics. For instance, the electromagnetic and even more subtle quantum-field communication of cells create bioenergetic fields that have characteristics that can be measured or even manipulated.

This gives the scientific worldview based on energy fields the opportunity to gain more and more ground in modern academic medicine, thus bringing holistic medicine and the latest advancements in physics mutually closer to each other. The worldview based on the Newtonian classical mechanical perspective is slowly but inevitably replaced by a new paradigm.

SAGI'S THEORY OF THE GENERIC SPECIES PATTERN AND THE INDIVIDUAL MORPHIC PATTERN

In order to understand the inner dynamics of nonlocal diagnosis and healing, it is important to grasp the concept of patterns conserved in the information field. This concept, and the healing that is based on it, highlights the relevance of the Akashic field to the art and science of healing. Healing occurs through the resonance, or "match," between the individual's morphic pattern and the generic pattern of the species. These patterns are "in," or better are "of," the Akashic field. Hence the theory of the Akashic field is a fundamental basis for the understanding and use of the healing I practice.

As the drawing in plate 1 shows, our space-time reality is embedded in the Akashic information field. Every living system has his or her information pattern in this field. This pattern carries the full information of the body. It is the individual's "morphic pattern."[2] In my view every individual has his or her own morphic pattern. This pattern is inclusive: it encodes all the events that affect the individual, including the behavior of the neural nets that underlie his or her consciousness. It encodes the characteristics of the physical body on the one hand and the characteristics of mind and consciousness on the other.

The energy field of the individual is in constant interaction with his or her "morphic pattern," which is what the Eastern healing arts call one's Akashic Record. The organism, like all quanta and multi-quantal systems, is embedded in the quantum plenum much as vessels are in the sea. The translation between the three-dimensional organism of the individual and the spectral domain of the information field occurs, by means of Fourier (more exactly Gabor) transforms. Information from the information field reaches the body of the patient by means of such a transform, and the patient's organism reaches the wave domain of the information field by means of the inverse transform. There is constant communication between the receptive networks of the brain and the wave-fields of the plenum.

The morphic pattern of the individual interacts with the morphic pattern of other individuals within the information field. These interactions shape and ultimately constitute the information pattern of the species as a whole. This

pattern is generic for all individuals within the species. I call this pattern the "generic species pattern."

Since the generic species pattern results from the integration of the features of all individuals of a given species, intraspecies differences are canceled out. The generic species pattern codes the norm of the species: it is the universal norm of organic functioning for the members of that species. In practice, it is the norm of health and viability.

The individual is capable of maintaining a state of health as long as his or her own morphic pattern matches the physiological norms encoded in the generic species pattern. Within these limits the information corresponding to the organic norms of the species is diffused throughout the atoms, molecules, tissues, cells, and organs of the body. Every deviation of the individual's morphic pattern from the pattern of the species means a weakening of the life energy and health of the individual. It is a prelude to illness. If it is not corrected, it invites the onset of an actual disease, long before the symptoms appear in the body. The match between the patient's morphic pattern and the generic species pattern is oriented by the patient's consciousness. If the content of consciousness is suitable, the match can be readily achieved. Otherwise—in the case of a seriously altered consciousness as in neurosis or psychosis—a match between the individual's morphic pattern and the generic species pattern becomes difficult if not impossible to achieve. The failure of the match is the ground for most serious illnesses and the corresponding bodily symptoms.

THE MECHANISM OF NONLOCAL HEALING

In diagnosis and treatments, the healer seeks to recognize and interpret how the patient's morphic pattern differs from the generic species pattern. The healer obtains this information about disease in a spontaneous way. This means that, in addition to conventional diagnostics—with its customary instruments and biological testing procedures—we establish a remote diagnosis to illuminate the root cause of the illness. The process is essentially the same in every nonlocal healing, regardless of what method is used.

The condition of nonlocal healing is the "tuning" of the healer to the Akashic field. This process resembles that of a parabolic antenna joined to a TV receiver. Such a system receives broadcasts transmitted through the ether.

We need an antenna so that the apparatus can transduce the information in a usable form. From the point of view of human consciousness, this “antenna” is functioning when one is in an altered state of consciousness. We are all connected to the Akashic field, whether we know it or not, because our brain is sensitive to every incoming signal. But in a wakeful state of consciousness the brain cannot receive information from the Akashic field. In an altered state of consciousness the antenna is open to the Akashic field, and the healer is able to receive information from it.

The healer needs to attune to the frequency of the patient and focus on the pertinent information. He or she scans the patient’s morphic pattern, a pattern that in case of disease exhibits abnormal features: it is as if the problem areas are calling attention to themselves.

For tuning one’s “antenna,” there are as many approaches as there are healing methods. The healer can make use of any device or “witness” for effecting his or her tuning. A witness can be a photo of the patient, a writing sample, an audio recording, a lock of hair, a sample of blood or saliva, and so on. Every sample facilitates the process of calling up information from the Akashic field. If the patient is a close acquaintance of the healer, there is no need for a witness—the antenna transmits information immediately. If we work in a group and someone knows the patient, then it is as easy to attune to the Akashic field as if we were working with a witness, because in this case the brain of this member of the group functions as the intermediate link. If neither the healer nor another member of the group knows the patient, healing calls for a more concerted strategy, such as a tuning device or witness. Thanks to the indications of the movement of the bioindicator, the healer can perceive the vibrations of the patient’s body, focusing on these vibrations and excluding those irrelevant to the condition of the patient.

In the next step, the healer evaluates and systematizes the information gleaned from the patient’s morphic pattern. In actual fact everyone has his or her own system, so different modes of diagnosis and healing are possible, and these usually have a cultural basis. In the Western world, the simplest is to make use of biological science, examining the pertinent organs and organ systems in sequence. Homeopathic healers proceed according to the classical homeopathic system of Hahnemann. Psionic medical physicians join orthodox and homeopathic medicine with radiesthetic methods. Anthroposophic physicians do diagnosis with the anthroposophic system. But

we can also work on the basis of any Eastern diagnostic system, such as acupuncture techniques, the Ayurvedic system, or the Tibetan healing system, ascertaining the specific points requiring treatment for the patient. Healers who can see auras evaluate the information gleaned from the patient on the basis of the characteristics of the various auric layers. Color and density cues from the aura offer useful points of diagnosis. After making the diagnosis, the healer can recommend a therapy for treating the problem.

The information we receive in an altered state of consciousness indicates the physical condition of the patient at the given time and the nature of the problem. The diagnosis can be as detailed and thorough as in a personal examination. One can find out if it is a temporary illness or a chronic problem that originated earlier, what the causes are, and to what extent it is influenced by harmful conditions; for example, electrosmog and/or different types of earth radiation. After having made the diagnosis, one can determine if it is necessary to change the patient's milieu, and one can select the optimum way to meet this requirement.

Of course, the therapy can be based on any of the aforementioned diagnostic systems. The healer can recommend specific allopathic remedies, diet, phytotherapy, homeopathic remedies, and so on, and the patient can procure the components for effecting the cure. The healer can also recommend methods that can influence how the information the healer uses in remote treatment is acquired by the patient.

We can apply therapy without the active effort of the patient by using our own system (for example, geometric or Tibetan symbols). Thereby we can restore the normal healthy state of the patient's organism by inserting the healing information into the individual's morphic pattern. It is not necessary for the patient to be consciously aware of the transmission of information. In most cases, it is not even necessary that the patient knows just when the healing takes place. The most important thing is that he or she should welcome the healing process. A negative attitude of rejection can block the reception of the healing information.

When the transmission of information is accomplished, it affects the entire condition of the patient, including the problem areas. The effect can be measured in a follow-up diagnosis either through a conventional or a remote method. The patient feels better, the pains that have thus far tormented him or her disappear or are lessened, and the healing process begins. This is the

consequence of successful treatment, and this is what happens in a significant number of cases.

The advantage of information medicine is that it is also a *preventive* treatment. Using the symbols of the vector system, we can correct a malfunction already at the informational level. This is how the traditional Chinese insight acquires fresh validity: give priority to prevention over healing. The corrected information enters the Akashic field, and as a result the individual’s morphic pattern will better match the generic species norm. The autonomic nervous system reads the corrected information and adjusts the functioning of the body accordingly.

4

Structural Basis of Diagnosis and Therapy

As I mentioned earlier, the method of nonlocal healing and diagnostic therapy I developed, which I call the Sagi method, is based on both the Körbler New Homeopathy method and the psionic method.

In my method, a basic condition of nonlocal healing is that the healer enters an altered state of consciousness. This state, with the underlying brain state, becomes the healer's antenna through which he or she accesses the patient's morphic pattern from the universal "Akashic" information field (as described in chapter 3). Once in this state, the healer is able to diagnose how the patient's morphic pattern differs from the generic species pattern. After diagnosis, the healer is instructed as to which of various treatments may then be employed to bring about healing at the causal level. When the healer sends healing information to the patient, he or she reinforces the match between the patient's morphic pattern and the generic species pattern. Thanks to this reinforced match the patient's energy body becomes better able to maintain the bodily functions within the limits of normalcy—in a condition of vitality and health. Körbler's vector system as well as the psionic method are two ways of diagnosing in what way the patient is out of sync with the generic species pattern. They also provide insight regarding treatment. Both are described in the pages that follow.

KÖRBLER'S VECTOR SYSTEM

Körbler called the healing method he developed "New Homeopathy." He diagnosed his patients' conditions by observing the oscillations of his

specially designed bioindicator. He discovered that his method works through the electromagnetic (EM) field. With the help of his bioindicator he measured the electromagnetic radiation emanating from the body of his patients.

He experimented constantly and discovered that certain geometric forms function as “antennas” in the patient’s EM field. Each geometrical form possesses a corresponding geometric code for restoring the energy balance of the organism. These symbols affect the body and can correct flawed information. They can also produce healthier conditions in the body.

Körbler’s “vector system” situates the movements of the bioindicator within a system of coordinates. Observing the movements of the rod provides indications of the compatibility or incompatibility of a given substance or other input for the patient’s organism. Substances and inputs that are compatible with the healthy functioning of the organism are indicated by one type of movement, while various degrees of less-than-beneficial to seriously harmful inputs are indicated by a different set of precisely defined movements. The movement of the rod also indicates harmful input and how serious it is.

The eight different movements of the rod enabled Körbler to obtain a precise and detailed picture of the energy state of his patient. Figure 4.1 here shows the eight movements, or vectors, of the bioindicator as well as the corresponding symbols for healing. There is no need for the healing practitioner to ask what movement the rod should show for “yes” or “no” as there is in other dowsing practices. The movements are automatic, out of the control of the person using the rod. The Körbler rod is the only instrument as far as we know that manifests these movements. The only prerequisites on the part of the user are to have a good working knowledge of the vector system and medical science so as to assess the movements.*7

1. When the bioindicator moves horizontally, the energy state of the part of the body examined is satisfactory. There is no symbol for correction here.
2. When the bioindicator moves on a horizontal elliptical clockwise path, the energy state slightly deviates from normal. The symbol for correcting this is =.
3. When the bioindicator moves clockwise, the energy state shifts toward

the enhanced function, which mostly occurs in cases of exogenous disturbances (such as electromagnetic fields). The symbol for correction is .

4. When the bioindicator moves in a vertically elliptical clockwise path, the energy state shows enhanced function, which may indicate inflammation in the organism. The symbol for correction is .
5. When the bioindicator moves vertically, the energy state is not satisfactory owing either to some acute infection, or sudden trauma, or to some long-standing functional disturbance. The symbol for correction is , or a .
6. When the bioindicator moves counterclockwise in a vertical ellipse, the energy state has been disturbed to such an extent and for such a long time that it has produced organic deformations in the given area. The symbol for correction is , or a .
7. When the bioindicator moves in a counterclockwise circle, the disorder of the energy state is similar, but still more severe. The symbol for correction is , or .

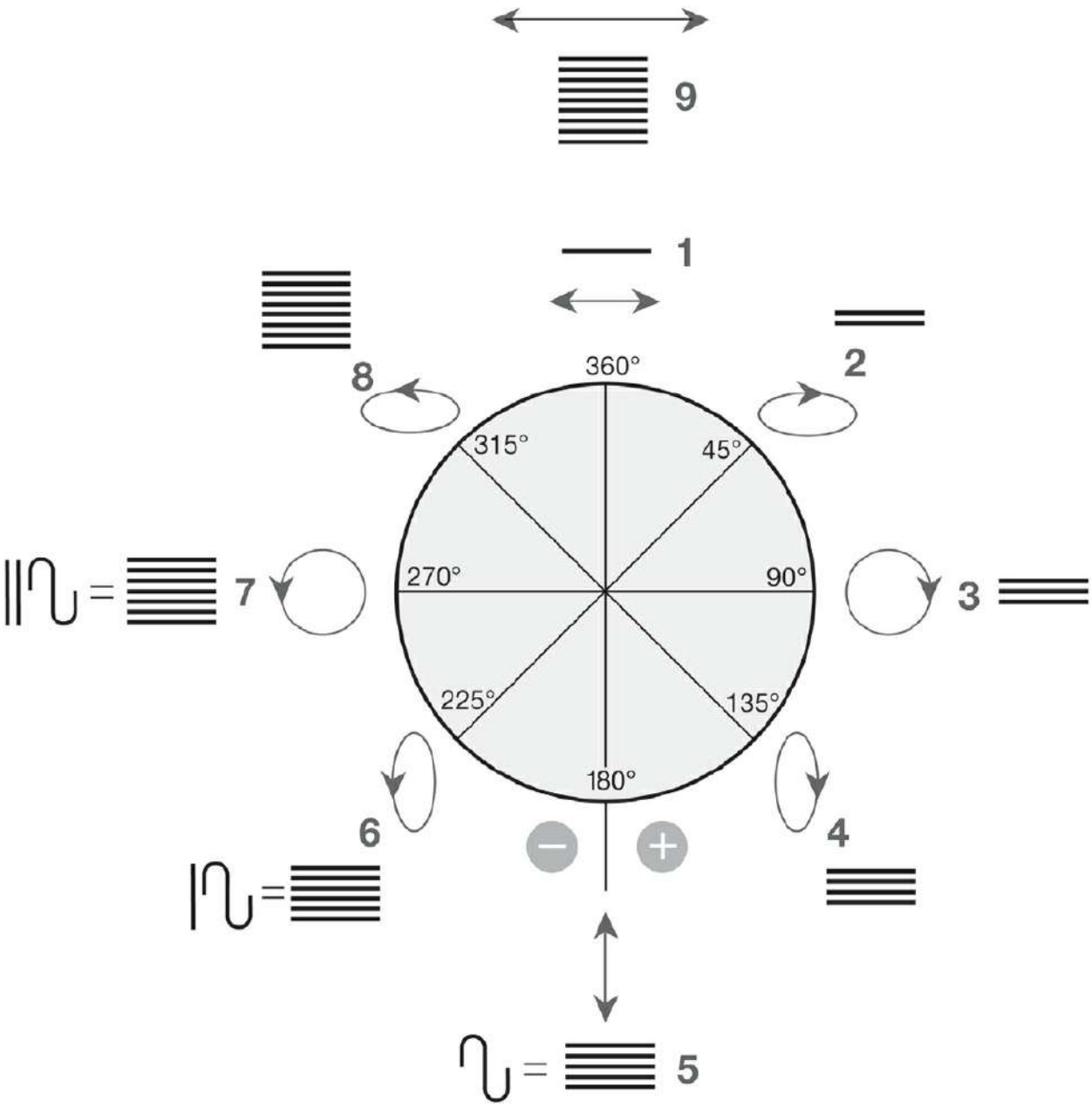


Figure 4.1. Körbler's vector system. The plus sign (at the bottom of the diagram) refers to the "right side" of the vector system (the bioindicator moves clockwise). In these cases (from vector position 2 to 4), the body's immune system is still at a level where the body can heal itself. In cases from vector position 6 to 8 (when the bioindicator moves counterclockwise), the body's immune system is so weak that the body needs additional help to recover. Vector position 5 can refer to both states. Further testing needs to decide. Position 1 shows that

the state is satisfactory. The signs corresponding to positions 5, 6, and 7 are identified in two equally good ways, and this is indicated by placing the equals sign between them. However, which of the two symbols should be used depends on the results of testing with the bioindicator. Please see *Healing with Information,* pp. 146 –57. In the Northern Hemisphere, the current energetic state of the patient is shown by the clockwise movement of the bioindicator (positions 2, 3, 4). It is noteworthy that the positions are reversed in the Southern Hemisphere.

8. When the bioindicator moves in a horizontal counterclockwise ellipse, the disturbance of the energy state is even more serious than in cases 4 and 7. The symbol for correction is .
9. When the bioindicator shows a strong horizontal oscillation, the area has a rich energy supply. This corresponds to a higher level of the first, satisfactory state. This situation is indicated at number 9 (fig. 4.1.), and its symbol is . The nine lines can be used for strengthening any function but only when the energy state of that part of the body is satisfactory. In any other case the use of the symbol for strengthening is contraindicated because this symbol invariably strengthens the already given energy state.

THE TECHNIQUES OF PSIONIC MEDICINE

The physicians who are members of the Laurence Society of Holistic Medicine in England (previously the Psionic Medical Society) use a pendulum rather than a rod to obtain information from the patient's body field and to identify the appropriate homeopathic remedy. Their method integrates mainstream Western and homeopathic medicine with radiesthesia (dowsing) and functions in the remote mode: only a "witness"—a sample of hair or a drop of blood of the patient—is needed to transfer the information needed for the diagnosis. The medical physicians in this society use the witness from the patient for tuning in to the patient's morphic pattern in the information field. The cells that make up the witness can be analyzed

repeatedly, at any time and at any distance from the patient. The information they yield reflects the patient's state of health at the time that analysis is carried out, and not at the time the cells were removed from the body of the patient. This suggests that it is not the actual condition of the cells that conveys the information (because the information would then reflect the condition of the patient when the cells were removed), but that the cells remain nonlocally connected with the organism of the patient. They reflect the patient's physical condition at the time the tests are carried out.

By means of a sequence of diagnostic charts they determine which organ system and which organ is afflicted and by how much it differs from the healthy generic species pattern. In this way they locate the origin of the problem. They can diagnose their patients from any distance by observing the movement of the pendulum over a specially designed chart.

By means of a sequence of diagnostic charts they determine which organ system and which organ is afflicted and by how much it differs from the healthy generic species pattern. In this way they locate the origin of the problem. They can diagnose their patients from any distance by observing the movement of the pendulum over a specially designed chart.

Inasmuch as both systems diagnose on the basis of a definite structure, they are similar. However, the psionic method diagnoses through the structure of the Celtic cross, while the Körbler method works based on the vector system. Both structures ensure the accuracy of the diagnosis, and both structures provide a reference point and precise information about to what degree the diseased state of the examined individual deviates from the healthy state.

The techniques of psionic medicine involve, on the one hand, detailed knowledge and experience in the orthodox medical field, and on the other, the ability to dowse in relation to samples and appropriate witnesses with the aid of suitable geometric patterns or rules in order to introduce the possibility of measurement in the evaluation of results.

Essentially, the technique requires the mental formulation of specific questions arising out of the known clinical data related to the patient's medical history and current complaints. To such questions the response to the trained practitioner comes in the form of reactions indicated by the handheld pendulum that is used to measure deviations from the norm, by reference to an appropriate chart like the one shown in figure 4.2 below. A knowledge of

anatomy, physiology, pathology, bacteriology, pharmacology, and practical experience in these subjects is a basic requirement; in addition, the principles of medicine and surgery and familiarity with the elements of psychology are needed to enable the practitioner to frame in his or her mind the necessary formulation to convey to the dowsing faculty. A set of coordinates, as it were, must first be established, and this depends upon the experience of the practitioner. Then the dowsing faculty is enabled to respond in meaningful ways, which can then be understood in relation to the observed clinical data and history.

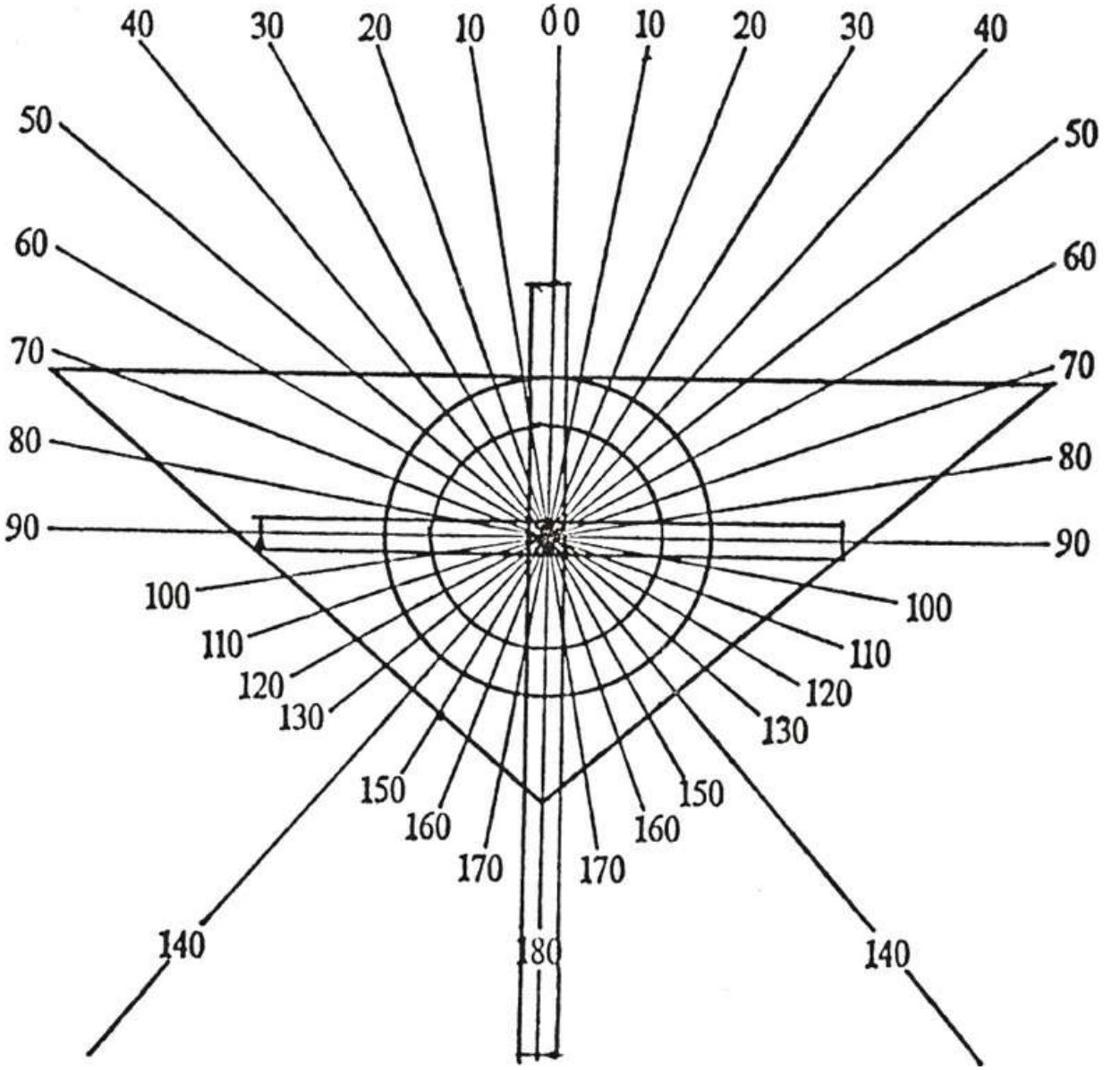


Figure 4.2. The psionic medicine chart used by qualified

practitioners of the Laurence-Upton technique. Imbalance of forces indicated on the horizontal axis invite reconciliation through the introduction of appropriate force (the remedy) at the foot of the vertical axis.

Whereas in orthodox medical diagnostic procedure use is made of inference and standardized references either in the intellectual memory of the physician or in reference libraries, the logical conclusions being therefore indirect, in psionic medical techniques the conclusions reached are immediate and direct and stem from another dimension of knowledge.

When standardized references are used as in orthodox diagnostic practices, it is not difficult to set down definite rules of procedure. But where individual sensitivity is involved as a means toward diagnosis it is not possible to represent this adequately in any text. Indeed, any attempt to do so could lead to many misleading notions and consequent distortions, which could well prejudice the welfare of the patient and the reputation of the practitioner. It is for this reason that the techniques of psionic medicine can only be taught verbally and in person by an experienced practitioner. Reyner states in his book *Psionic Medicine*:

> To enable any interested medical, dental or veterinary practitioner to gain some familiarity in a preparatory way with the pendulum the simple exercises . . . are recommended. But the application of any facility thereby gained can only be related to the specific psionic medical techniques of diagnosis and remedy selection through personal instruction. It should perhaps be emphasised that until the candidate is able to use the pendulum successfully the techniques of Psionic Medicine cannot be taught. Equally, a “pendulist” who does not have the necessary basic medical knowledge and experience also cannot be taught.[1]

THE COMBINED SYMBOL SYSTEM OF THE SAGI METHOD

What I have called the Sagi Method takes Körbler’s healing symbols (see fig.

4.1, here) and combines them with additional symbols. I developed these additional symbols as subtle refinements to the original eight. I discovered that employing a shape in addition to the symbols enhanced their potency and efficacy. The effect of combining symbols with the shape is due to the fact that the effect of the combined symbols becomes stronger than the effect of the basic symbol. Figure 4.3 below shows Körbler's original shapes and symbols and vector positions inside the circle with the additional symbols that I developed outside the circle. They are placed the way they are around the wheel because the symbols correlate to the vector positions, and they are placed according to their strength. These symbols can be used in local as well as nonlocal healing.

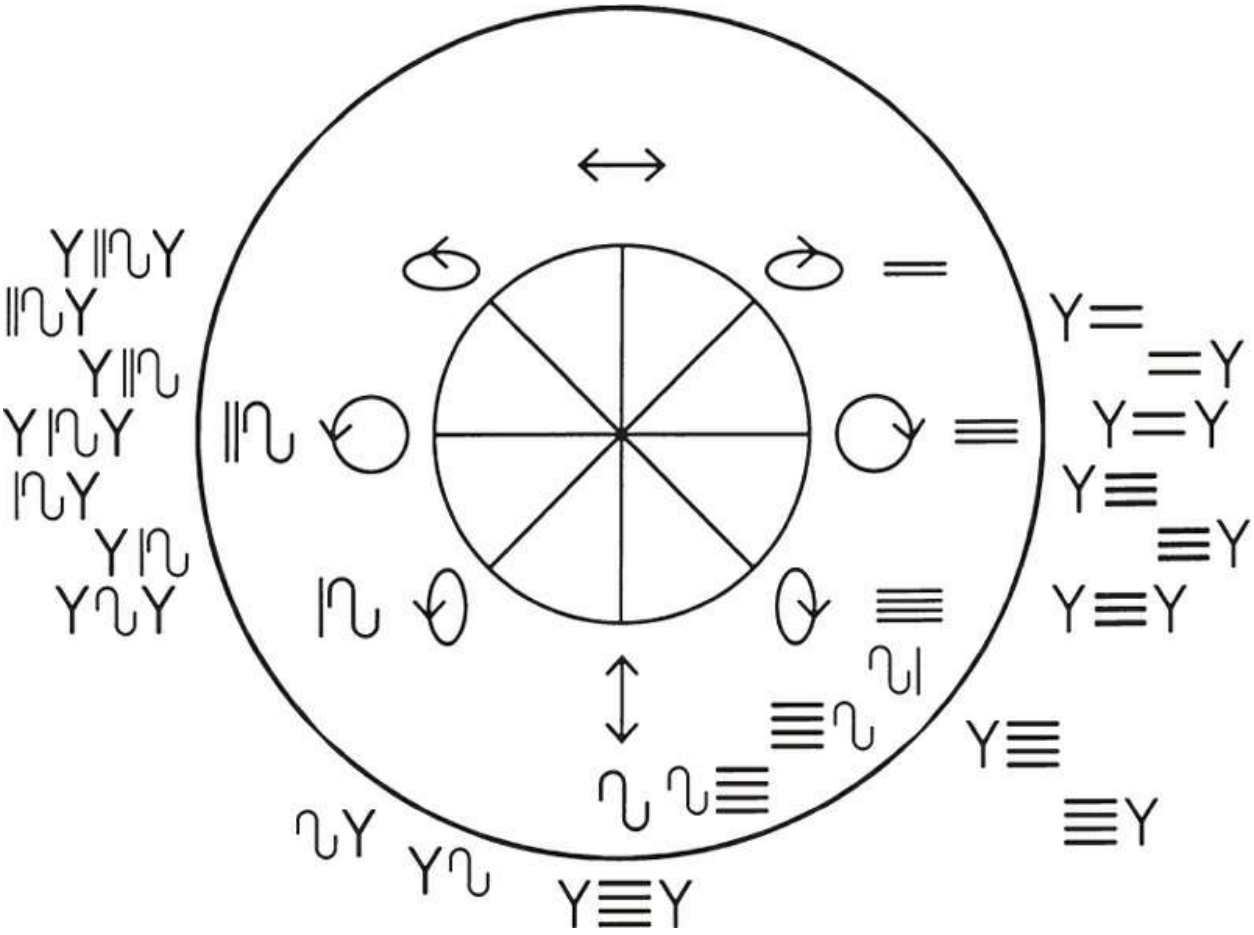


Figure 4.3. The Combined Symbol System of the Sagi Method. Körbler's original symbols are in the inner circle. Additional symbols I've developed are always outside the circle to distinguish them from the original Körbler symbols.

The Application of the Y Symbol in Combinations of Symbols

If we do not achieve the desired result with the symbols of the vector system —that is, the bioindicator swings roughly but not perfectly horizontally—we must keep experimenting to be able to affect the mental factors that are behind the symptoms. This way we can achieve an optimal energetic state for the treated body part.

In my experience, if a patient is suffering from fear, anxiety, or shock as a result of bodily injury or a fall, or of stress-induced stomachache or headache, treating the psychological background is necessary. Thus I have developed a new combination of symbols to treat both the physical and the psychological causes of the symptoms.

Since witnessing the Y's ability to release mental stress for decades, I have kept experimenting with this symbol. We know from experience that the Y turns all information received by the body into positive information. When drawn on the body, it intensifies whatever state we are in, good or bad. We have seen beginner students draw the Y on their aching body parts (e.g., ears), and have their pain become unbearably strong. We must use this symbol with caution, as it can only be recommended in a few cases. (It is, for example, very effective in facilitating vascular flow.) We use the Y on a physical level if the treated body part is essentially healthy and just needs a little reinforcement (e.g., intensifying the energy of the kidney meridian). In such cases, the bioindicator oscillates either according to vector position 1 or vector position 2, and immediately switches to a horizontal position in response to the Y.

The Y, however, is excellent for treating mental and psychological disharmony. The subject relaxes after a few minutes of application, and his or her emotional state becomes harmonized and balanced. Children and animals respond to this symbol quite sensitively. If we send Y vibrations toward a crying baby by forming a Y shape with the index and middle fingers of our left hand, while pointing toward the crying baby with the index finger of our right hand, the child will immediately calm down. (The hand positioning cannot be reversed to accord for dominance of one hand over the other in most cases, but in rare cases it can be.)

Similarly, we can harmonize ourselves by forming a with the index and middle fingers of our left hand and placing our right palm on the right hemisphere of the brain and repeating the name of the factor or person that is causing the stress.

Initially, I tried it out on myself. I wanted to see what happens if I write a next to my name as in nonlocal healing. I tested for the necessary time period, and a few minutes were enough. It also had a very positive impact on my pediatric patients and my adult patients with anxiety. I started drawing the in front or behind the symbols, and the testing showed the desired effect—horizontal movement of the bioindicator. In time, the new combined symbol system emerged, which allowed me to work in a more subtle and nuanced way than with the symbols of the vector system. I always decide through testing which combination of symbols I am to use.

5

Principles of the Sagi Diagnostic Procedures

INFORMATION-BASED PROXIMAL AND NONLOCAL HEALING IN THE SAGI METHOD

The first step in nonlocal healing—the same as in local healing—is to establish an accurate diagnosis. If we examine somebody we know, our job is easy: we concentrate on the person and work just as if he or she were present. We prepare an anamnesis sheet and record the exact time of the examination, together with the name, date of birth, and the address of the patient. Then we record the areas we test and the meridian points one by one.

Example for Anamnesis Sheet:

John Smith

Born: April 12, 1952

75 Main Street Albany, New York

Time of Examination: February 5, 2020. 10:05 a.m.

Examined Area	Vector Position
Top of the head	1
Psychomeridian (PM)	3
Right brain hemisphere	2
Left brain hemisphere	1
Large intestine	4

Small intestine	1
Kidneys	2

We can also use the methods of nonlocal healing when the patient is present in person; on the one hand, being nonlocal is more effective than drawing the symbols on the body, but on the other hand, the indicated body part may not be accessible for drawing.

After we have performed the diagnostic test and decided what treatment to use, we write down this information on the patient's anamnesis sheet. The last column stands for the duration of the therapy, which needs to be tested using the bioindicator.

One should determine and record precise times for the duration of the treatment; for example: 23 minutes; 54 minutes; 1 hour; 5 hours; 21 hours; 1 day; 2.5 days; 4 days; or "from-to," as in from 8:00 p.m. until 6:59 a.m. on the following morning. Precise time is important; that extra minute could be too long!

Determining the exact time period is very important because the healing symbol that is applied has its effect precisely during this time period: from when we draw a symbol on the body precisely until it is washed off.

DETERMINING THE MOMENT OF CAUSE

In many cases the symbol treatment is needed beginning at an earlier point in time than when the test is performed, which is why the exact beginning of the treatment has to be determined to the precise minute. This approach to healing in past time is not only possible but also common in nonlocal healing, because we don't work within the dimensions of the physical world. For example:

- The patient contacts us in the morning saying that he is having difficulty digesting because he had too much to eat late last night. The treatment always starts from the time the body first felt the strain—in this case, from the night before.
- A patient contacts us two to three hours after a fall or other physical

trauma. The treatment starts from the moment of the injury.

- The patient was stung by a wasp, but can only report for treatment much later. The symbol treatment starts from the moment the patient was stung.
- The patient suffers a bruise while working. Because the event is accompanied by very subtle, almost unnoticeable pain, the patient doesn't recognize the symptom until much later. The symbol has to start working from an earlier point in time. The bioindicator helps find the exact minute when the incident happened.

When the prescribed time period has passed, the healer performs another test to see whether the same symbol is needed for a longer time, whether a new one should be chosen, or whether the treatment has been completed.

RECORD THE MEDICAL HISTORY OF THE PATIENT

If we did not meet the patient in person, and he or she only reached out in writing, we need to ask for a head-to-toe photograph and an exact description of the symptoms. It is a good idea to try to talk over the phone or on Skype if possible. Having acquired all of the above information, we can perform the nonlocal treatment.

CREATE THE SPECIFICS OF THE TREATMENT USING THE BIOINDICATOR

The bioindicator makes visible the correlation between the biofield of the body and of the individual's morphic pattern. The bioindicator intensifies the subtle energetic vibrations that appear as responses of the autonomic nervous system, and transfers the necessary information from the field. It not only gives an accurate picture of the state of the organs and the body, but also of the effects of individual experiences, perhaps inherited experiences, or even transpersonal experiences that have formed the information structure of the field. In order for this information to come to the surface, we must reduce the intensity of self-censorship and conscious control.

Unless hindered by the censorship of the conscious mind, the information that the movement of the bioindicator conveys tells us how the biofield compares itself to the generic species pattern of the field. If the functioning of the physical body matches the pattern, the bioindicator swings horizontally. If the functioning of the physical body differs from that of the generic species pattern, according to the degree of the deviation, the bioindicator will swing vertically or counterclockwise.

If the bioindicator rotates counterclockwise, it means that the functioning of the measured points of the organism differs from the generic species pattern to such a degree that it has persisted for a longer time, and the body will show severe disorders that it will not be able to cure on its own.

DIAGNOSIS BASED ON A PHOTOGRAPH OF THE PATIENT

The bioindicator's photo-based diagnosis can be just as accurate as that based on the examination of the patient in person. All we need for the photo-based examination is two full-figure photos, one from the front and one from the back. The photos should be at least 18 by 24 centimeters in size, because I can then use a copper pin as an antenna for picking up information from them.[*8] In this case, the body's electromagnetic field is not present, but the bioindicator works just as well—it measures the correlation between the individual's morphic pattern and the generic species pattern.

If basic elements of the morphic pattern match the generic species pattern, the bioindicator swings horizontally, and the degree of deviation can be read by consulting the Körbler vector system. In healing through a photograph, the deviation is corrected by placing the appropriate symbol on the subject's photograph. In this case, the symbol affects the subject's morphic pattern. When the pattern is harmonized with the generic species pattern, the subject's organism adjusts and becomes healthier.

In my experience, healing through a photograph is even faster than drawing the symbols on the patient's skin.

ATTUNE TO THE NONLOCAL INFORMATION

EMANATING FROM THE PATIENT

The diagnosis can be more detailed and accurate if it refers to an atlas of human anatomy. In this case we place the patient's photo above the image of the affected body part. The atlas will then refer to the patient. We take an acupuncture needle or a copper pin in our left hand, and scan the image of the anatomy. The bioindicator shows the deviation from the healthy state just as if the patient were present.

TESTING THE HEAD OF THE PATIENT

Using Körbler's vector system and the bioindicator, we test the following parts of the head: top of the head, psychomeridian, and the left and right hemispheres of the brain.

Testing the Top of the Head

When testing the top of the head, we place our left palm over the top of the head, and infer the overall energetic state of the patient from the movement of the bioindicator.

If the patient is healthy, the bioindicator will swing horizontally.

If the patient is healthy but fatigued, or there are energy blocks in the meridian system, the bioindicator will move to vector position 2 or 3.

If the bioindicator moves to vector positions 4, 5, 6, 7, or 8, further testing is required to determine whether this result indicates functional and/or organic diseases, acute infection, acute inflammation, chronic diseases, terminal conditions, or a state of shock.

Testing the Area of the Psychomeridian (PM)

By testing along the psychomeridian, we infer the overall energy circulation in the patient's body from the movement of the bioindicator. In the case of a functional disturbance, the movement of the bioindicator will deviate from the norm. We determine the scale of disorder by comparing the results of testing the psychomeridian (PM) with the result of testing the rest of the head.

If the bioindicator swings horizontally ↔ when the rest of the head is examined, the 2nd or 3rd position result achieved during the test of the PM is indicative of a healthy state with merely minor disruptions in the meridian function. When the patient experiences slight fatigue, the bioindicator will swing at vector position 2 or 3. In the case of mild metabolic problems due to digestive issues or diet (e.g., food that is too sweet or too spicy), the bioindicator will swing according to vector position 2 or 3. And, in the last phase of the healing process, the bioindicator will move into the 2nd or 3rd position.

If the bioindicator moves according to vector position 4 or 5, the result may indicate functional and/or organic diseases, acute infection, or acute inflammation. If the bioindicator moves according to vector position 6, 7, or 8, this may indicate a chronic disease, a terminal condition, or a state of shock. In order to pinpoint the problem, further testing will be necessary.

Diagnosis Based on Previous Traumas by Testing along the Psychomeridian

If the patient thinks of something while the right hemisphere of his or her brain is tested, the bioindicator will show to what extent the thought has a beneficial or a harmful effect on him or her. If a thought is negative for the organism, a negative field is formed and the bioindicator swings in a counterclockwise direction. If a thought is pleasant, the body's electromagnetic field will be positive and the bioindicator swings horizontally. In that healthy state, every cell, organ, and organ system functions optimally.

If we examine past events by testing along the psychomeridian, the thought itself can act as the receiving antenna. When the thought is verbalized, the autonomic nervous system of the subject will manifest the state that had previously been triggered by the event. All this information can be read from the individual's morphic pattern, because it is holographically stored in the information field and can be recalled at any time with the help of the appropriate receiving "antenna."

The movement of the bioindicator shows what kind of functionality was triggered by a thought or event in the body, in other words, in what way the electromagnetic field of the body became positive or negative as a result.

This also means that the body still carries this negative information, weakening the performance of the immune system. When new trauma occurs, especially if it is connected with the old one, the negativity will continue to intensify, and this can manifest as the sudden appearance of a disease.

Testing the Left Hemisphere

Various organic diseases and organic disturbance zones can be tested on the left hemisphere of the brain.

If, for example, the patient suffers from a chronic organic disease but is currently showing functional balance due to the therapy, the bioindicator will swing horizontally at the top of the head, the area of the psychomeridian, and the right hemisphere. In this case, it will move according to vector position 5 at the left hemisphere.

If the patient suffers from a severe organic disease, the bioindicator will signal the illness at the top of the head in addition to the left hemisphere. The position depends on the severity of the illness.

Testing the Right Hemisphere

Testing the right brain hemisphere reveals emotional disharmonies affecting the entire personality. If the bioindicator moves according to vector position 2 or 3 during testing, the emotional disharmony is in the present: unexpected disappointment, perceived or real offense suffered from colleagues or family members, or a disagreement with a colleague or family member.

These emotional states are natural components of our everyday life and are balanced out on their own in the life cycle.

If, however, in testing the right hemisphere the bioindicator moves according to vector position 4, the emotional disturbance must have been going on for a longer period, affecting the healthy functioning of the entire system, meaning that the disturbance will also be visible at the top of the head and the area of the psychomeridian during testing.

If the bioindicator moves according to vector position 5 or 6, it indicates a severely and permanently unfavorable emotional state, or a major emotional trauma. Such a state can have a negative influence on the entire system and keep the body in a stressful state. The bioindicator reflects this state during

tests on both sides of the head.

CHOOSING THE RIGHT THERAPY

In doing therapy, I always use information-based methods together with methods that ensure the material needs of the physical body (maintenance of the biological organism, nutrition, sleep, exercise, etc.) are being met. I determine the therapy based on the diagnosis carried out in reference to the bioindicator and the vector system. The selection of the right therapy—homeopathy, geometric shapes, chakra therapy, or informed water (i.e., water that has been "treated" with symbols, here)—is indicated by the bioindicator's horizontal swing while testing the patient's head (top of the head, psychomeridian, left and right hemispheres).

The methods are fully personalized; that is, they follow the patient's condition, which ensures their quick and thorough effect. Consequently, they cannot be used without an examination, since one patient's "medicine" can be another's "poison." I advise against using the method for self-healing in case of a severe problem, because—save in exceptional cases—the patient is not capable of selecting the precise symbols and precise therapy, which means that the symbols he or she applies may not work or may even have adverse effects. But provided that the healer has a broad, accurate knowledge of the method as well as extensive experience using it, the treatment he or she discovers can be a true "panacea." All the methods described here can be used for nonlocal diagnosis as well.

If the information received in the diagnosis suggests the use of a homeopathic remedy, nosodes, or informed water, we advise the patient of the suggestion. If these remedies are not necessary, meaning that the symbol treatment is enough, we draw the chosen symbol or combination of symbols on a small piece of paper and place it over the corresponding points of the anatomical atlas. The image on the atlas is smaller in size than the symbol we draw on the skin of the patient, so we must make sure that a symbol drawn on the skin is proportional to a symbol drawn on the atlas. In treatment through symbols, I use the signs of the vector system and the combination of symbols I have developed (the Sagi system).

The healer ensures that the symbol remains on the atlas for the entire duration of the treatment. If the symptomatic area is easy to name, we can

perform the treatment by writing it on the patient's anamnesis sheet. In this case, the duration of the treatment is determined by the movement of the bioindicator in response to the healer's questions. After the treatment, we test the top of the head on the photo of the patient to check the effectiveness of the treatment. If all disturbance zones cannot be harmonized in the first step, we focus the first treatment on achieving a horizontal movement of the indicator when testing the top of the head. Then the corresponding body parts will be harmonized by the follow-up treatment. We continue until all the malfunction zones have been eliminated.

For example, if the parents of a small girl with fever due to pneumonia called me for advice, I would locate the source of the inflammation in the anatomy atlas. I would then place the appropriate symbol there for the duration of the treatment as determined by the bioindicator. When the time had expired, I would retest the top of the girl's head on the photograph. (It is important to keep in mind that children react to nonlocal healing with the use of symbols faster and more accurately than adults.)

FINAL THOUGHTS ON DIAGNOSIS AND HEALING

Experience shows that information-based methods can be used successfully for all kinds of functional disorders, such as acute and chronic upper respiratory or gastrointestinal diseases, allergies, and immunesystem problems. In case of severe organic diseases, the method can be used to complement allopathic medication to facilitate faster recovery after an operation. With the exception of acute upper respiratory and intestinal inflammations, it is always necessary to have a thorough medical diagnosis.

Information-based methods are used the same way in local and in nonlocal healing. If the patient is treated with remote therapy, it is recommended, if possible, to have the first meeting in person, but if that is not possible, written or phone communication is advised. It is important to make sure that the patient is open to the method and cooperates in the healing and recovery process. When a chronic case is treated remotely, the patient gives an account of his or her condition between the various stages of the therapy, either in writing or over the phone.

In the case of acute diseases, the recovery is usually fast and without complications. With chronic diseases, the various symptoms are administered case by case. The recovery time depends on the duration and severity of the disease. This is variable: we can achieve full recovery within six months or one year even in the case of symptoms persisting for decades. For patients in both local and nonlocal treatment, a diet free of animal protein and sugar is recommended until full recovery has been achieved.

PART II

Applying the Sagi Method

6

The Application of Symbols and Symbol Combinations in Nonlocal Healing

This chapter shows how I apply the symbols of my system—more exactly, the effective symbol combinations that depend on the position of the in the symbol combination—to various ailments that impact my patients. Organizing the treatments is very important. I show how I do this with charts to record the area being treated, the symbol being used, and the duration of the treatment applied. In each case, I always write the name of the patient in the lefthand column of the chart, though I changed the names of my patients as needed to protect my patients' anonymity in this book.

Sometimes, I draw the symbols on photographs of the patient, but other times I use an anatomical atlas to apply the symbols most precisely or to areas that are within the body and not available on a photograph. Rather than apply symbols to the body, sometimes informed water is called for. This is discussed in more detail starting here. I hope the various examples given in this chapter help you to understand how the system is applied.

EFFECTS OF SYMBOL COMBINATIONS DEPENDING ON THE POSITION OF THE Y SYMBOL IN THE SYMBOL COMBINATION

Every disease has a psychological component; in other words, we could say that all diseases are also psychosomatic. The Y's ability to provide mental

support can be helpful in cases of long-lasting psychogenic symptoms, especially if the psychological factor is a significant component of the disease, as in states of anxiety and subconscious anxiety. Symbol combinations can be applied in various therapies, such as nonlocal healing—including informed water therapy—and in proximal therapies, such as chakra therapy, aura therapy, and psychomeridian therapy.

- Y **in front of the symbol combination:** In this case, the examined person needs help to leave a problematic life situation and take the first step toward letting go of the past.
- Y **at the end of the symbol combination:** In this case, the examined person is afraid of the future, of the next step, and of all innovations, and is too apprehensive to change the current problematic situation.
- Y **in front of and at the end of the symbol combination:** Both elements can be found in the emotional background of the symptom—difficulty letting go of the old and fear of moving on or fear of the future and of the new. Both elements are strong in long-lasting, chronic diseases, so we should use the combined symbol if the testing indicates the given application.

In order to eliminate the psychological or traumatic incidents of a functional disorder, in most cases the healer applies psychomeridian therapy. To do so, the healer writes the first name of the subject, next to it the name of the traumatic event, and after these the selected symbol combination on a blank sheet of paper. During the therapy, the subject reinforces the connection between the selected symbol and the traumatic incident by looking at the information written on the paper for the selected time of the therapy.[*9]

Use of the Y Symbol Prior to and Following the Sine Symbol as a Reinforcement of the Effect of That Symbol

We can solve even severe problems by reinforcing the sine symbol with a Y.

- The combination has as an effect as powerful as , but on a different level. Experience shows that the effect of the symbol combination helps reduce strong physical pain and resolve certain psychological complexes. The patient looks at the combination drawn on paper for three to four minutes once or twice a day for a given number of days, depending on the result of a test with the bioindicator. is a powerful pain-relief symbol.
- We can use multiple s after the sine symbol according to the test results ( ). The combination is an energy kick; use it from five seconds to up to one minute. This kick gives the patient the motivation and the energy to address otherwise depressing situations. The next step is to facilitate the processing of a traumatic experience with psychomeridian treatment or chakra treatment, otherwise the traumatic experience will continue to negatively and harmfully affect the emotional and physical state of the patient.

Treatment of a Patient with a Painful Knee Fracture

August 20, 2017

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration
Jozsef	Knee fracture		7:35 p.m.	1 day

After the powerful symbol-combination was applied, the patient's pain diminished quickly.

Example: Treatment with Symbol Combinations

A patient presented a long history of chronic large-intestine problems, for which no cure had been found. Testing revealed that the bioindicator moved at vector position 3. We drew two horizontal parallel lines, three horizontal parallel lines, and four

horizontal parallel lines, but they did not bring the desired result. Then I treated the first point of the large-intestine meridian with a combination of symbols—Y and two horizontal parallel lines (Y═)—and the result was notable: the symptoms disappeared quickly.

The combination of symbols can be drawn directly on the body, but the effect is much stronger and faster if they are used nonlocally. In this case I recorded the following on the patient's record:

Name	Date/Time	Meridian Point	Applied Symbol	Duration of Treatment
Peter	August 17, 2017, 1:00 p.m.	Large-intestine meridian LI 1	Y═	2 days
	August 20, 2017, 7:00 a.m.	Kidney meridian	Y	5 hours

As soon as we commit the treatment to paper, the effect manifests itself. The patient reports pain relief and the termination of physical symptoms. If the cause is psychological, and the conflict behind it is resolved, the physical symptoms also cease.

If fatigue can also be traced to psychological causes, both the kidney meridian and the large-intestine meridian need to be harmonized. In both cases we use combinations based on the Y. The applied symbol can be any combination based on the Y, such as Y═, ═Y, or Y≡, and so on.

Examples of Reducing Pain with the Y-Symbol Combination

One evening last month an old friend called around nine o'clock, reporting a strong pain in his gums next to the last

tooth. He had already tried applying an antiseptic gel but didn't obtain relief. I examined him through the remote dowsing method and sent healing information using the *and three parallel horizontal lines symbol combination (* *) with a treatment duration of seven hours. On the following afternoon my friend reported that at the beginning of the night he had still been in pain, but a little while later the pain subsided and he could sleep. After breakfast, the pain returned, probably due to eating dry toast. I then sent a sine symbol followed by a vertical line (* *) of healing information and asked him to report back to me if there was a change. We spoke on the phone again the next day, since we had other matters to discuss. When we had finished, I asked about the pain in his gums. "Oh, I almost forgot about it," he replied. "Last night the pain went away completely."*

Fifty-One-Year-Old Man, Hungary August 10, 2011

A man who was experiencing a severe pain above his heel at the Achilles tendon turned to me for advice. I was abroad at the time, so I only learned about his problem through talking to my mother on the telephone, but she did not tell me which leg it was that was hurting. Using the bioindicator I established that the pain was in the right leg above the Achilles tendon. I chose the following combination of symbols: the *, followed by a vertical line, followed by a sine curve (* *), and I applied them to the patient's table for forty-four hours. After forty- four hours the symbol's efficacy expires automatically. I also used a symbol consisting of two parallel vertical lines followed by a sine curve (* *) for a day and a half for painful parts on the left leg. My mother informed me that in two days the patient told her that he made a complete recovery.*

Sixty-Three-Year-Old Woman, France March 18, 2016; time of the test: 10:55 a.m.

The patient complained of midriff pain on the right, and of difficulty walking.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	T12 vertebra, root of the nerves, on the right		7:00 a.m. (retroactively)	7 hours

The therapy was not over yet when the patient called at 1:00 p.m. to tell me that her pain had disappeared, and she could walk.

Seventy-Four-Year-Old Woman, Italy October 1, 2016

The patient called me at 8:45 a.m. to say that her entire left leg was in pain and she could hardly walk.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	L1, L2 vertebrae		8:53 a.m.	6.5 hours

The therapy was not over yet at 11:00 a.m. when she called me to tell me that her leg was fine, and she was ready to go to the hairdresser.

Fifty-Five-Year-Old Man, Physical Education Teacher, Italy Friday, July 1, 2016

I received a phone call at 9:00 p.m. The patient complained of

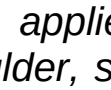
a sharp pain in his back on the right. A CT scan showed a cyst that was pressing against the T9 and T10 spinal nerves. He was booked for surgery.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Cyst on T9 and T10 spinal nerves		9:50 p.m.	12 hours

I received feedback at 10:00 a.m. the next day. He had had a good night's sleep, he was not in pain, and left home at 9:30 a.m. to teach a gym class.

Sixty-Nine-Year-Old Woman, Hungary
Thursday, December 28, 2017

The patient called me at 8:30 p.m. to report that in the evening a few minutes before 7:00 p.m., she had twisted her right shoulder and now had strong pain there.

I applied the symbol combination  *on her right shoulder, starting the treatment at 7:00 p.m. on December 28, and the treatment finished at 1:00 p.m. the next day.*

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Location of the strain on the right shoulder		7:00 p.m. (retroactively)	18 hours (until 1:00 p.m. the next day)

The next morning, the pain had considerably subsided.

Fifty-Six-Year-Old Man, Hungary January 10, 2017

The man said that in his left armpit, in the area next to a scar from a previous surgery, itching red spots appeared.

Name	Area of Treatment	Symbol Applied	Beginning of Treatment	Duration of Treatment
Patient name	Itching red spots on the left armpit	||Y	January 10, 2017, from 5:47 p.m.	January 14, 2017, until 7:00 a.m. (approx. three and a half days)

In three days the itching had disappeared.

Examples of Treating Injuries with Y-Symbol Combinations

A couple living in Luxembourg regularly received my help through nonlocal healing. One night at 10:00 p.m. the husband phoned me to say that his wife had hit her head on the corner of the kitchen cupboard at 3:00 p.m.; she had a hard lump about the size of a large coin and was in great pain. (I silently asked myself why they had not phoned me straight away instead of now, but did not ask the question.) Through nonlocal healing I placed a Y followed by a sine curve (Y♏) on the affected spot. The next morning the wife phoned to thank me. She woke up at 3:00 a.m., felt no pain at all, went into the bathroom and looked in the mirror, and was amazed to see that the hard lump was entirely gone.

Sixty-Seven-Year-Old Woman, Germany Friday, March 27, 2015

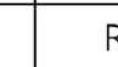
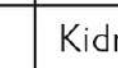
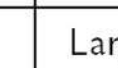
The patient called me on the twenty-eighth, saying that she had been gardening the day before. She accidentally leaned on the branch of a rose bush, which scratched her right eye, and injured her cornea.

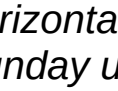
Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Cornea injury in the right eye		March 27, 2019, from 9:00 p.m. (retroactively)	1.5 days

The cornea injury healed within two days.

Sixty-Eight-Year-Old Woman, Hungary
Saturday, May 14, 2016

The patient called me at 10:25 p.m.: She had fallen around 7:00 p.m. and suffered bruising to her left elbow and right knee. I tested what symbols I should use on which injury, from what time on, and for how long. According to the test results, I used the following symbols:

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Left elbow		7:00 p.m. on the day of the accident (retroactively)	16 hours (until 9:00 a.m. the next day)
	Right knee		7:11 p.m. on the day of the accident (retroactively)	14 hours
	Kidney meridian		10:00 p.m. on the day of the accident	Until 3:00 a.m. the next morning
	Gallbladder meridian		10:00 p.m. on the day of the accident	Until 1:00 a.m. the next morning
	Large-intestine meridian		10:00 p.m. on the day of the accident	Until 11:00 a.m. the next morning

I retested the affected areas at 7:23 p.m. on Sunday, the next evening. The patient's right knee had fully recovered, but the bruised parts of the knee and the left elbow needed further treatment. I retroactively used the symbol of four parallel horizontal lines  *on the bruised parts from 3:00 p.m. on Sunday until 9:00 a.m. on Monday morning (i.e., for 18 hours). I placed a combination of two Ys, one line, and one sine symbol*

on the left elbow from 5:00 p.m. on Sunday until 8:00 a.m. on Monday morning (i.e., for 15 hours).

Below is the patient's table for Sunday evening, 7:23 p.m.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Bruised parts of knee	≣	Sunday 3:00 p.m. (retroactively)	18 hours (until 9:00 a.m. on Monday)
	Left elbow	⋎⋎	Sunday 5:00 p.m. (retroactively)	15 hours (until 8:00 a.m. on Monday)

Below is the patient's chart for Tuesday evening.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Bruised parts of knee	≣⋎	7:00 p.m. the day before (Monday) (retroactively)	2.5 days
	Left elbow	≣	Monday 5:00 p.m. (retroactively)	2 days

The patient's pain diminished progressively, and by Thursday she was without complaint.

Sixty-Eight-Year-Old Woman, Austria Sunday,

March 13, 2016

The patient reached out to me in the evening hours, saying that both her eyes were bloodshot.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Eyes		March 13, 2016, from 7:35 p.m.	Until 8:00 a.m. next day
			March 14, 2016, from 9:00 a.m.	March 14, 2016, until 9:00 p.m.

By the next day the pain subsided, and by the morning of the third day (March 15, 2016) her eyes had cleared up.

Sixty-Eight-Year-Old Woman, Hungary Friday, April 15, 2016

Late morning, acute conjunctivitis in the patient's right eye.

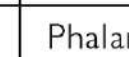
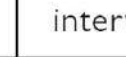
Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Right eye		April 15, 2016, at noon	2.5 days

Her condition significantly improved by the evening, and the harsh pain had dissipated by the next day. By the third day, there was no sign of inflammation.

Sixty-Nine-Year-Old Woman, Italy June 23, 2017

A bunion surgery was performed on the patient's right big toe at around 4:00 p.m. The patient called me at 10:08 p.m. The first metatarsal bone of the right foot was cut and corrected with a metal plate and four screws. The adductor muscle was also cut.

I performed testing at 10:13 p.m.; however, symbols had to be applied retroactively, starting at 9:06 p.m., with durations indicated in the following table, which is continued on the next page.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Phalanx of the big toe		9:06 p.m. (for all symbols)	3.5 days
	Phalanx of the second toe		9:06 p.m.	14 hours
	Metatarsal bone of the big toe		9:06 p.m.	3.5 days
	Tarsal bone of the big toe		9:06 p.m.	16 hours
	Cut adductor		9:06 p.m.	3.5 days
	First metatarsal bone cut and curved in with a metal plate		9:06 p.m.	14 hours
	Skin wound, muscle wound next to the surgical interventions		9:06 p.m.	3.5 days
	Bone wound next to the surgical intervention		9:06 p.m.	3.5 days

As a result of treatment, both the edema and the pain diminished.

Sixty-Seven-Year-Old Woman, Hungary
Thursday, December 28, 2017

Due to overexpending her energies, sleeping too little, and fatigue, the patient "fell apart"; that is, her thought became confused, and she became emotionally exhausted.

The symbol started at 2:50 p.m. and went on for 1 hour and 50 minutes.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Patient name: In this and similar cases, the treated area encompasses the entire body, which is why the patient's name is written here again	+Y	2:50 p.m.	1 hour and 50 minutes

Two hours later the patient called to say that she felt well again and was filled with a sense of peace.

Reduction of Facial Swelling December 29, 2017

Edema on the left side of the patient's face; cause unknown.

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Left side of face	YY≡	1:10 p.m.	3.5 hours

Three hours later the patient called. The edema had disappeared completely.

DIAGNOSIS AND TREATMENT OF ACUTE INFECTIONS IN A VARIETY OF CASES

The Diagnosis and Treatment of Infections with High Fever

Diagnosis

If the subject has a high fever (over 101.3°F or 38.5°C), the bioindicator moves according to vector position 4 or 5. We examine the following four areas (see fig. 6.1):

Top of the head	vector position 4 or 5
Psychomeridian	vector position 4 or 5
Left brain hemisphere	vector position 4 or 5
Right brain hemisphere	vector position 4 or 5

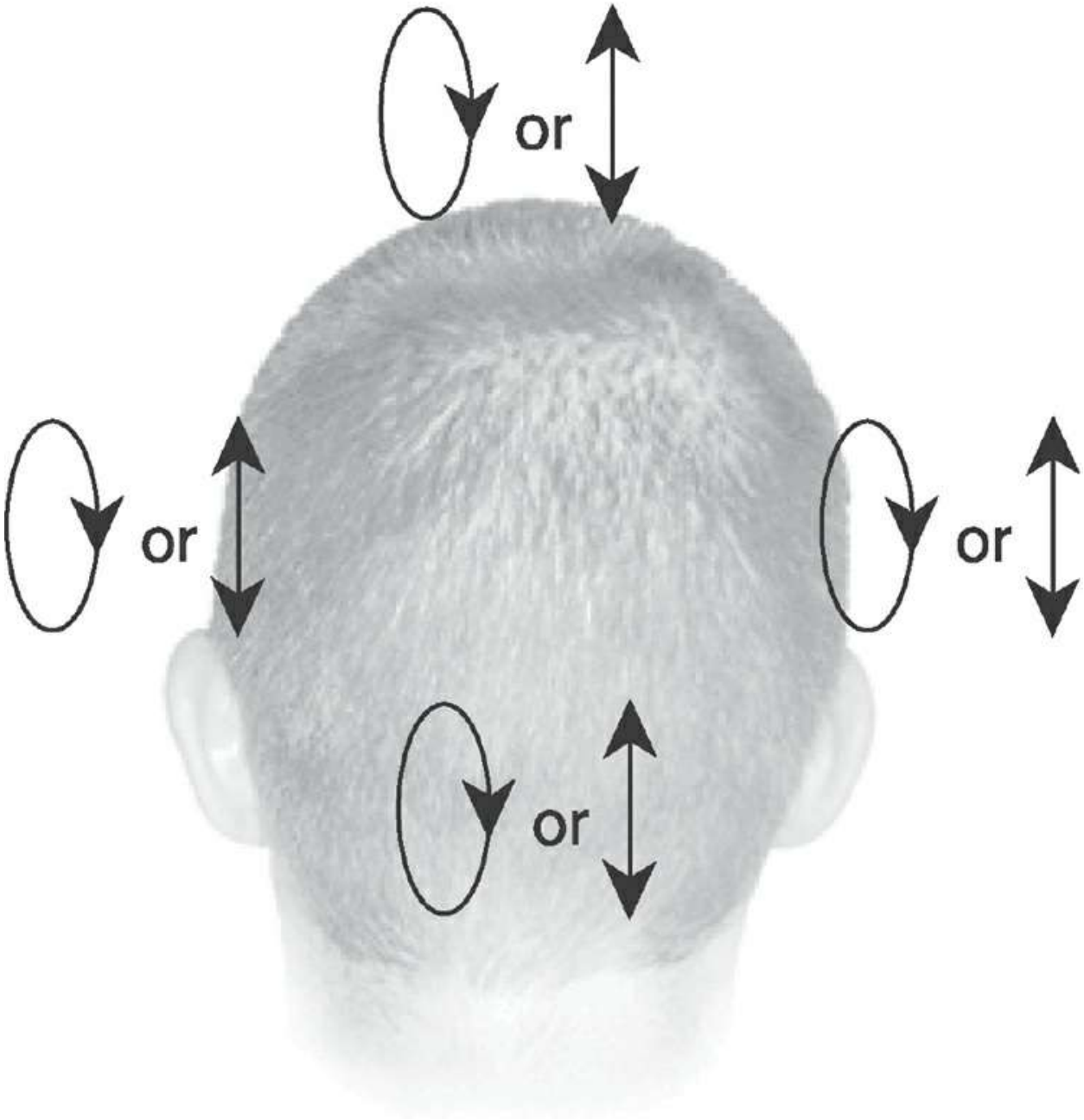


Figure 6.1. The bioindicator moves according to vector position 4 or 5.

In such cases examining the meridian points is not necessary, because we get the same result wherever we test. The body is in a state of alarm.

Treatment

Mainstream medicine recommends treatment by antibiotics. Information medicine, on the other hand, suggests the following:

1. homeopathic remedy or high potency nosodes;
2. informed water; or
3. symbols for nonlocal healing, according to what is necessary and accessible to the patient.

All of these treatments can be used in both local and nonlocal applications. (Again, if the patient is experiencing a fever, the body will be in a state of alarm. Homeopathic remedy, informed water, or non- local healing with symbols may be called for.)

1) In applying a high-potency homeopathic remedy, at the onset of the disease, the chosen medicine or nosode is given to children in a D200 potency, and to adults in a D200 or a C200 potency in two doses, with 12 or 24 hours in between.

If the disease has been ongoing for days, a remedy with higher potency—M or 10M—is indicated for the condition of the patient depending on the test results. Two doses are enough in this case, too, with a 12- or 24-hour interval. In many cases, however, even one dose will be enough.

2) If a homeopathic remedy is not available, **use informed water** (described further starting here). In this case, we test for the right symbol for the patient. The following symbols are indicated in most cases: , , .

We test for how long the subject needs to observe the symbol. The optimal duration is generally 3 to 4 minutes, but it can be different for each patient and each occasion.

It is a good idea in most cases to start testing with 3 minutes 30 seconds;

the most common preparation time necessary for informed water is between 3 minutes 51 seconds and 3 minutes 59 seconds. Such precision is necessary, because testing with the bioindicator shows that only the exact number of seconds produces the desired effect. A stopwatch is important to ensure accurate timing of the treatment. If we test with high accuracy, the body of the subject will “create the remedy” with precisely the properties he or she needs in the given condition.

We also test for how many times the prepared informed water needs to be used. If the patient has a very high fever, the test has to be repeated 4 hours later, and it is possible that by then another symbol will have become necessary, and the informed water will have to be prepared with a different time frame.

If we are not able to test for the exact time, we prepare a 4-minute informed water.

When we have all the information we need, we write the name of the patient on a blank sheet of paper and put the chosen symbol next to the name. (In this case adding the name is necessary because the requirement is to change the information for the entire organism and not just the given problem area: the functioning of the entire immune system needs to be affected by the treatment.) We then place the sheet of paper in the left hand of the subject, a glassful of water in the right hand, and the informed water will be prepared in the specified period of time.

We can use the same method in nonlocal healing, but then we give the information to the patient, who will then prepare the informed water him- or herself. The patient drinks the informed water little by little. The informed water is always consumed.

3) If the test shows that the right symbol is or, **the healer uses nonlocal healing** instead of informed water. This was the case of the patient whose chart is shown below.

Name	Date/Time	Symptom	Symbol	Duration
Joseph	August 21, 2017, at 1:00 p.m.	High fever		4 hours, i.e., until 5:00 p.m.

We wait at least 6 hours after the treatment before retesting. If further treatment is necessary, we may use informed water according to the results of the test (for example: Joseph ☰ 3 minutes, 51 seconds), or informed water related to the affected organ (for example: Joseph large intestine, 3 minutes, 59 seconds); the right symbol is usually 3 or 4 parallel horizontal lines: ☰ or ☰.

THE DIAGNOSIS AND TREATMENT OF ACUTE INFECTIONS FREE OF FEVER OR WITH MODERATE FEVER

Acute Infections Free of Fever

Diagnosis

In the case of mild infection, the test results indicate the 3rd position (see fig. 6.2) on all sides of the head. Testing the meridian points is not necessary, because this produces the same results.

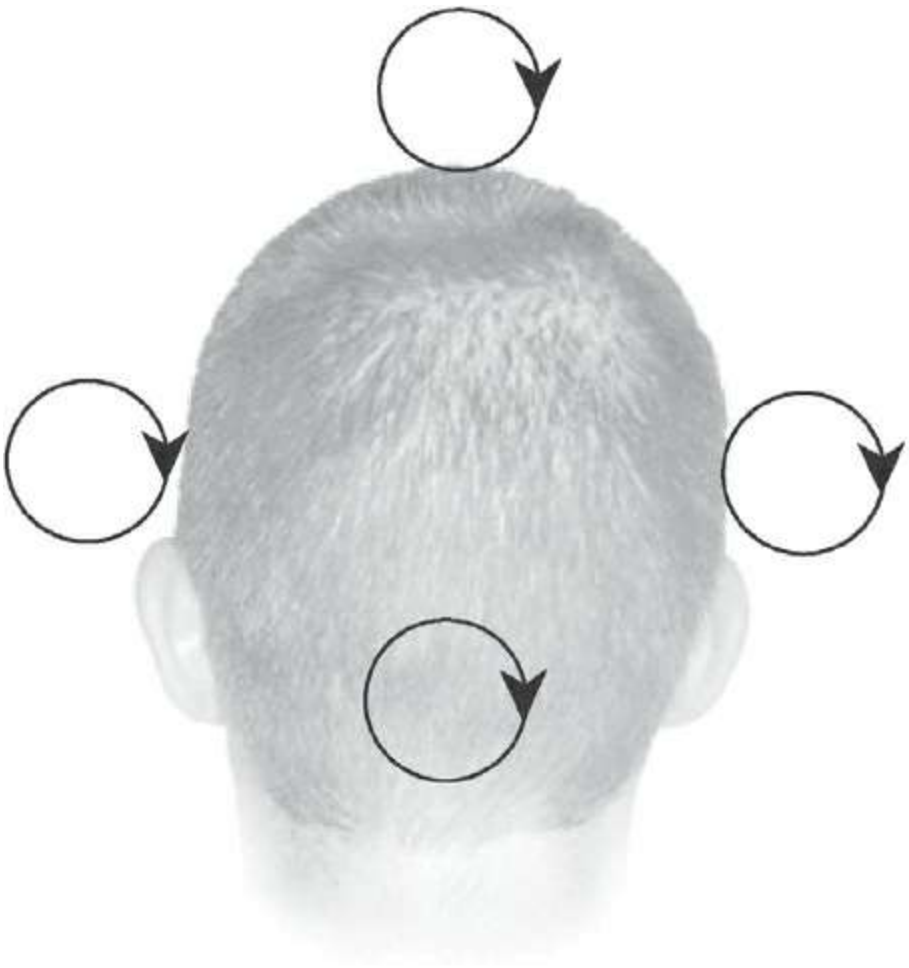


Figure 6.2. The bioindicator moves according to vector position 3.

Treatment

If we use homeopathic medicine, we choose one with low potency (C12–C15). If we use informed water, we prepare the water with two or three parallel horizontal lines, decided by our testing: 〓 or 〓. The subject has to prepare the water and drink it sip by sip.

Testing decides which of the following treatments is necessary:

1. The subject prepares and consumes the informed water twice, preparing the second dose using either the same duration or a different duration. We test to see how much time needs to pass between the two treatments.
2. The subject first consumes informed water made by using three parallel

horizontal lines ≡, then 8 hours later made with two parallel horizontal lines =.

3. The subject first consumes informed water made by using three parallel horizontal lines ≡, then at least 8 hours later, we use symbol treatment on the meridian points.
4. The subject drinks informed water made by using three parallel horizontal lines ≡, after which no further treatment is necessary.

Further tests are required to decide if it is necessary to apply treatment for any organ or any point on a meridian.

Every detail has to be tested precisely and has to be communicated to the subject.

Young Boy with Cold

Ben, three years old, presents symptoms of a cold.

For Ben, informed water was prepared with three parallel horizontal lines ≡ to be viewed for three minutes. The treatment was repeated 16 hours later when Ben viewed two parallel horizontal lines = for 3 minutes.

Because Ben was quite young, he sat in the lap of his mother, who looked at the symbol while she held the water in her right hand. When the time was up, testing indicated that she should ask Ben to drink the informed water.

The next day, the symptoms were completely gone.

Treatment of Facial Rash

Judith, thirty-four years old, presents a small rash on the face.

Her treatment was to create informed water by viewing "Judith small intestines ≡" for 3 minutes, 24 seconds. This was repeated 12 hours later. The rash disappeared on the third day.

Acute Infections with Moderate Fever

Diagnosis

In the case of mild fever, the bioindicator moves according to vector position 3 on all sides of the head. The meridian points exhibit the same results, and that is why it is not necessary to test for them.

Treatment

If we use homeopathic medicine, a potency of C30 is usually the most appropriate. If we prepare informed water, it should be prepared using the symbol of three parallel horizontal lines . The treatment should be repeated 8 hours later. We wait at least 4 hours after the second dose of informed water before applying symbol treatment.

We decide with testing which organ or meridian point should receive the symbol treatment.

If we detect a disturbance zone at the bronchi, we also treat the large-intestine meridian in addition to the bronchi.

THE ROLE OF THE INTESTINAL SYSTEM IN ACUTE ILLNESSES

The Role of the Large-Intestine Meridian and the Large Intestine in Diagnosis

The first point of the large-intestine meridian (located on the index finger) sensitively reflects the ups and downs of our energetic state throughout the day. If the subject is healthy, the first point of the large-intestine meridian will still often show disharmony in the pattern. From the point of view of information medicine, the role of the therapy is to correct the deviated patterns (the electromagnetic factors) that result from the faulty biochemical processes that maintain the disease. The altered pattern of the first point of the large-intestine meridian can indicate:

- fatigue
- nutritional issues
- sleep deprivation

- fears (pre-exam anxiety, intimidation from meeting a new person)
- anxiety
- unresolved emotional issues
- repressed, subconscious fears
- fears due to viewing violent films, images, unpleasant news

In these cases, the bioindicator on the first point of the large- intestine meridian will most often move according to vector position 3 or 4, or, as a result of sudden emotional trauma, it may show an even worse position (5 or worse). To point the bioindicator to a point as small as this, it is necessary to be familiar with the acupuncture points in the body. This knowledge needs to be acquired before applying the method.

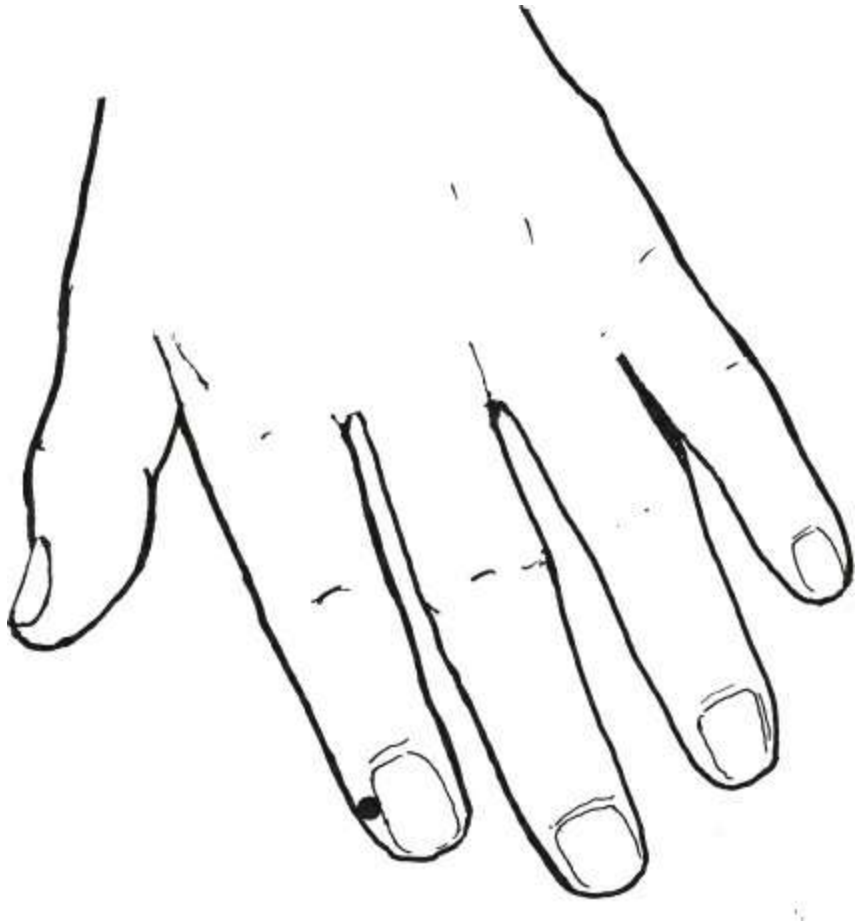


Figure 6.3. Point 1 of the large-intestine meridian is shown with a dot.

It is important to differentiate between a disease and a fluctuation in the patient's emotional/energetic condition. We do this by interviewing the patient and at the same time testing the small-intestine meridian. If the small-intestine meridian is healthy, the problems result from one of the above-described causes. In this case, it is a good idea to determine whether the intestinal flora needs to be treated, the nutritional habits have to be corrected, or probiotic medicines should be taken.

Any disease in the body is signaled by a disturbance affecting the meridian of the large intestine.

- An unfavorable diet will trigger the 4th or 5th vector position at the large-intestine meridian.
- If there is a functional disorder in the large intestine, testing will show either vector position 5 or vector position 6. In this case, we must examine whether the subject is sensitive to any allergens, make recommendations as to what allergens to avoid, and test which probiotic would be most beneficial in restoring the intestinal flora and facilitating a proper diet.
- If the unfavorable food was of acceptable quality, we perform the symbol treatment on the large intestine. If the quality of the unfavorable food was unacceptable, we normally use high-potency homeopathic medicine, or nosode, or informed water. In this case, the test of both the small-intestine meridian and of the head will provide an indication.
- In the case of upper respiratory diseases, whether or not they are accompanied by a moderate fever, the test of the first point of the large-intestine meridian will result in a 4th or 5th vector position.
- In the case of upper respiratory diseases or gastrointestinal diseases with acute infection or inflammation and a high fever, the test of the first point of the large-intestine meridian will almost always show a 5th or 6th vector position, or 7th to 8th in certain cases.

Thirty-Two-Year-Old Woman, Hungary

The patient asked her father to call me, as she was in Zurich at a professional meeting and had developed red and swollen eyes and burning abscesses. She looked as if she had cried all

night and felt that she could not be seen in that condition. I examined her remotely and sent her healing information, and I also told her father to tell her how to prepare a remedy on her own. The remedy—informed water—was to be prepared twice. The second informed water had to be prepared and consumed after a five-and-a-half-hour period, and on each occasion it was to be used in conjunction with different healing information.

Name	Treated Area	Symbols Applied in Informed-Water Treatment	Duration of Informed Water Treatment
Patient name	Small-intestine meridian	≡Y	3 minutes and 43 seconds
	After five-and-a-half-hour period: Large-intestine meridian	Y≡Y	3 minutes and 54 seconds

The following morning her father called again, reporting that his daughter's eyes had still been itchy during the evening, but she had woken up in the morning completely recovered. In this case, although the complaint was inflammation of the eyes, I didn't treat the eyes but instead strengthened her immune system. The inflammation was a symptom of the irregular functioning of her small- and large-intestine meridians, and when the functions were normalized, her immune system overcame the problem on its own.

The Role of the Small-Intestine Meridian and the Small Intestine in Diagnosis

The healthy functioning of the small intestine is a basic condition of health. As long as the test of the small-intestine meridian shows a healthy condition, or merely slight disharmony, the patient’s health is fine, save for occasional minor complaints.

If testing shows the 2nd or 3rd vector position, the self-healing processes of the body are sufficient for recovery. If the disturbance persists or another negative impact occurs, the symptoms will appear in time.

If the testing of the small-intestine meridian shows 4th position or worse, it indicates an acute disease. If it is accompanied by mild fever, testing will indicate a return to vector position 4 or 5, while a high fever can produce vector position 6 or 7.

As a result of homeopathic or informed-water treatment, it is always the small-intestine function that is normalized first, followed by the normalization of the function of the large intestine. How much time this will take depends on the severity of the disease.

If a patient suffered from chronic diseases for years, such as allergies, the small-intestine function is not healthy. In this case, the recovery process is slower than in the case of acute inflammatory diseases; healing takes approximately 2 to 3 months after the application of homeopathic remedies and informed-water treatment.

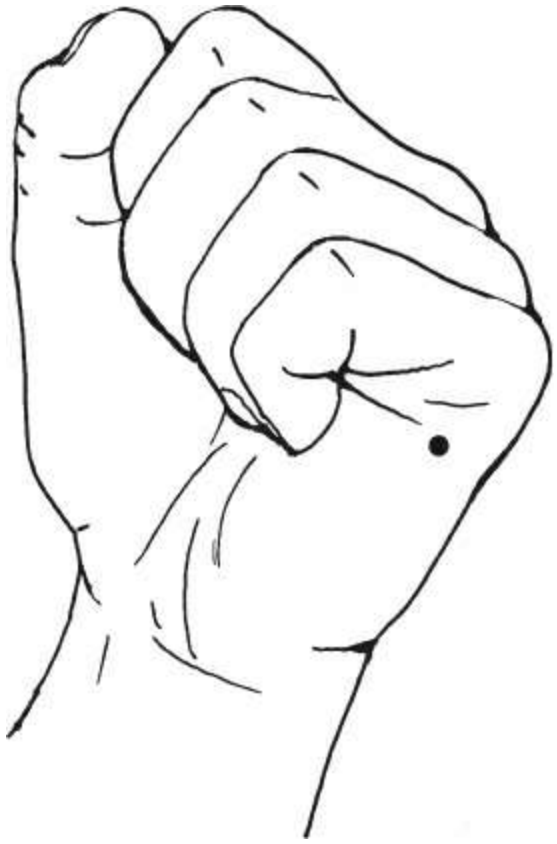


Figure 6.4. Point 3 of the small-intestine meridian is shown with a dot.

Seventy-Year-Old Woman, Austria

The patient's entire body had been covered with an itchy red rash for years. She received multiple kinds of allopathic pharmaceutical treatments for several years without any improvement; having heard of my seminar in Vienna, she contacted me in Budapest. I performed all the tests during the personal treatment, including allergy tests, so that I could prescribe the appropriate diet for her. I performed the subsequent treatments remotely.

The patient's treatment consisted of a personalized diet combined with homeopathic treatment.

1. *Lachesis* M once a week for 6 weeks. After 6 weeks, the itching had stopped and the rash had partially disappeared. According to the test, the

small-intestine function had returned to a healthy condition. Following the treatment, the patient went on a holiday for 2 to 3 weeks, during which time she followed the new diet. This is when we started the second phase of treatment.

2. *Thuja* M once a week for 5 weeks during the second phase of treatment. Subsequently, the test showed a healthy large-intestine function.

The patient achieved full recovery within three and a half months: the skin rash disappeared without trace, and the meridian tests showed healthy functioning.

THE APPLICATION OF THE Y SYMBOL IN NONLOCAL HEALING

Advice to Healers

It can happen that we need to help somebody while we are in a great hurry, and we must quickly test the potential information-treatment options. Stress is not conducive to testing, because it prevents the healer from achieving the appropriate mental state. When that happens to me, I write my name (Maria) on a piece of paper, followed by this: "Y for testing," and in a few seconds I am ready to start testing.

If the patient is bothered, the Y will provide fast relief.

We write the date and the exact time of the treatment, the name of the patient, a, and the duration of the treatment on the patient's anamnesis sheet. The symbol will start having an effect as soon as we have tested for it and written it on the anamnesis sheet.

We also test for how many s we will need: Y or YY or YYY.

Name	Date/Time	Area of Application	Symbol	Duration
Peter	September 1, 2018, 5:00 p.m.	The patient	Y	3 minutes

Name	Date/Time	Area of Application	Symbol	Duration
Paul	September 1, 2018, 7:00 p.m.	The patient	YY	2 minutes

Name	Date/Time	Area of Application	Symbol	Duration
Louis	September 4, 2018, 2:00 p.m.	The patient	YYY	5 minutes (highly disturbed state)

The combination of must not be used for longer than 5 minutes. It is capable of alleviating even the most disturbed state; the patient overcomes his or her worries and regains a normal condition.

The Joint Use of the Y Symbol and the Equal-Armed Cross

If the patient requests help in a deeply disturbed state, the combination of the and the equal-armed cross can provide fast and effective relief.

Treating Stress

I have been monitoring Balazs, who was born with brain damage, since he was two years old. He is now twenty-five and lives in Hungary in the town of Mezokovesd. Whenever he had

an aggressive fit where he would bite his hands until he drew blood, while he screamed and cried, his mother would always call me on the phone. I gave him a symbol-combination treatment through nonlocal healing, which helped Balazs to quickly settle down.

Name	Date/Time	Area of Application	Symbol	Duration
Balazs	August 16, 2017, 6:00 p.m.	The patient	+Y	3 minutes (maximum 10 minutes recommended)

If the subject suffers from existential stress, feels that he or she has been unexpectedly treated in an unjust or unfair way, or experiences a nearly paralyzing traumatic incident, we use the Y+ symbol combination to resolve the stressful condition.

If the patient is so disturbed that he or she is unable to think or act, we use the +Y, Y+symbol combination, depending on the test results, for a period of three minutes. If that is not enough, we continue the treatment for another three minutes. If the patient is in emotional and mental crisis and he or she needs help for going forward, then use the +Y symbol for a maximum of twenty minutes. This will transmit the required insights. The precise time for applying the symbol needs to be defined by testing.

THE ROLE OF INFORMED WATER

Apart from the symbols themselves, we use combinations of when preparing informed water. Based on experience, I further improved the method described in my book *Healing with Information: The New Homeopathy* in order to remedy the complaints in a more precise way. This method is just as effective as the use of homeopathic remedies and nosodes in optimal potency. Its additional advantage is that it doesn’t require any substances; it can be prepared instantly. If a homeopathic remedy is not available, use informed

water. According to the given parameters, the organism of the patient will produce exactly the kind of “homeopathic medicine” that can most quickly and effectively help the recovery of the patient.

By determining the right duration, we ensure that the informed water is just right for the patient. The test may show, for example, that the specific, optimal time for the patient is exactly 3 minutes and 54 seconds. We will not get it wrong, because the bioindicator will only indicate one specific time with its horizontal movement. Determine the exact duration that the patient will use the treatment as well as the symbol that is required for the informed water before beginning to make it.

To prepare informed water, write the name of the patient and the chosen symbol on a piece of paper. The patient takes the sheet of paper in his or her left hand, while holding a glass of water with the right hand. The patient looks at the sheet for the specified period of time. In the above case, for example, for 3 minutes and 54 seconds. If we then test the informed water at the top of the head of the patient, we can see that the bioindicator swings horizontally. If it doesn’t, we need to perform a follow-up test.

The Varieties of Informed Water

1. **Feverish state:** In severe cases, for example in high fever, we prepare informed water for use not for a particular part of the body but the whole organism. In this case we write the selected symbol or combination of symbols next to the name of the patient. It is a good idea to start testing with a symbol in the 3rd or 4th position, because the effect of the informed water is one vector stronger than that of the combinations.

   Example: Peter

   Then the particular patient—in this case Peter—prepares the informed water, observing the information on the paper for the amount of time directed. Peter observed the information for 3 minutes and 31 seconds.

2. **Acute Infection:** In cases of acute infection, we treat the affected organ.

We write the name of the organ and the chosen symbol or combination of symbols next to the patient's name.

Example: Janos small intestine

Then the patient, here Janos, prepares the informed water, watching the information on the paper for the duration required. In this case, Janos observed the information for 3 minutes and 51 seconds.

3. **Mild symptoms:** In a case of a patient with mild symptoms, it is enough to treat the affected meridian with informed water. We write the name of the meridian and draw the chosen symbol or combination of symbols next to the patient's name.

Example: Sandor large-intestine meridian

Then the patient prepares the informed water, watching the information on the paper for the time required. In this case, Sandor observed the information for 3 minutes and 59 seconds.

Now we need only to test whether the treatment by informed water should be repeated, and if yes, after how many hours. The symbol can be the same as the one before or it can also be combined with a new symbol and given a new duration.

Informed water is always consumed.

Sixty-Four-Year-Old Man, Italy October 19–24, 2016

The patient called in the evening of October 19 with a complaint that an hour after supper red spots had appeared on his body. Earlier he had had lunch in a restaurant, and ate bean soup and pasta with tomato sauce. He went home, and later in the evening (hours later) he had his normal macrobiotic supper. Testing indicated a disorder of the large intestine. I applied the following remote treatment:

Name	Treated Area	Applied Symbol	Beginning of Treatment	Duration of Treatment
Patient name	Large intestine	≣	October 18, 2019, from 7:00 p.m.	October 20, 2019, until 5:00 a.m.

Further testing on the morning of October 20 showed that the problem in the large intestine was caused by fungal infection, by the proliferation of the Aspergillus mold fungus. The treatment for this condition is the application of informed water in such a way that the information of the picture of the fungus is modified with the required symbol. In this case, testing suggested the use of a combination of the symbols and sine: . This means that the patient needs to prepare informed water for five days, twice a day, with the help of the picture of the Aspergillus mold fungus and the symbols. This time the size of the symbol was important; it had to be exactly 1.9 centimeters high. I prepared the symbol in exactly this size and sent it to the patient via email, who printed it at home, cut it out, and placed it on the picture of the Aspergillus mold fungus shown in my book Healing with Information: The New Homeopathy.[*10]*This is how the patient prepared the informed water for 5 days, at the given durations shown in the chart below. On day 5 the symbol changed to and a sine wave and a vertical line: . This is marked by an asterisk in the table.*

Patient Name	Date	Informed Water Prepared in the Morning	Informed Water Prepared in the Evening
Patient name	Thursday, October 20, 2019	3 minutes, 51 seconds	3 minutes, 51 seconds
	Friday, October 21, 2019	3 minutes, 51 seconds	3 minutes, 54 seconds
	Saturday, October 22, 2019	3 minutes, 51 seconds	3 minutes, 54 seconds
	Sunday, October 23, 2019	3 minutes, 54 seconds	3 minutes, 54 seconds
	Monday, October 24, 2019	3 minutes, 56 seconds	3 minutes, 56 seconds*

After five days of treatment, the problem with the large intestine had been resolved. Note that information therapy works very quickly; experience shows that fungal infections take considerably longer to treat with conventional methods. *Only* acute cases can be handled through remote healing. Chronic conditions require personal attendance, and it takes a much longer period to find the cause(s) of the problem and to heal the cause. In acute cases, the healer tests to determine in what way the patient's morphic pattern (in the information field) is out of balance. Is it affected by bacteria, mixed bacteria, virus, or fungi, or all of them (or any combination of them)? Also, it is important to test which is most dominant. Informed water usually helps in infections caused by bacteria or "mixed bacteria." If bacterial infection is combined with fungi, additional treatment is required.

7

Nonlocal Healing with Homeopathy

Hahnemann created homeopathy, his extraordinary healing method, about two hundred years ago. He rightly called his method the “art” of healing, rather than the “science” of healing. It is an art because to facilitate healing it is necessary to understand human wholeness, the unity of body-mind-soul, and if the harmony is out of balance, to find the causes of the disturbance. We are truly talking about art because the success of the recovery depends on grasping not just the local problem but the wholeness of human existence.

SPIRITUAL ELEMENTS IN HAHNEMANN’S HOMEOPATHY

Hahnemann’s discovery rests on three pillars that are, however, not measurable with the traditional instruments of medicine. The art of healing is held up by these three pillars, which are complemented by accurate factual knowledge of the body’s ways and forms of functioning. Hahnemann describes his discovery so accurately that we cannot do better than to cite him nearly word for word.

The first pillar is recognizing the existence of a “vital force” that sustains and makes life possible. This force, undetectable by physical instruments, organizes and ensures the optimal functioning of the physical body. In the case of illness this is what is damaged and may get diseased. The physical body displays the symptoms of the disease.

In his book *Organon,* Hahnemann writes as follows:

> In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensation and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purpose of our existence (§ 9).
>
> Without the vital force, the material organism is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of immaterial being (the vital principle), which animates the material organism in health and in disease (§ 10).
>
> When a person falls ill, it is only this spiritual self-acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbiphic agent inimical to life; it is only the vital principle, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes, which we call disease; for, as a power invisible to itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by *morbid symptoms,* and in no other way can it make itself known (§ 11, emphasis in original).

The second pillar is that we can facilitate the recovery of the diseased vital force with properties similar to the vital force itself. But the vital force is spiritual in nature, and as such, it cannot be perceived in the physical dimension. Only the results of its malfunction manifest themselves in the form of illness. And so a spiritual force has to be found and healed on the principle of *similia similibus curantur,* or “like is cured by like.” Hahnemann found this principle of like curing like during his well-known experiment known as the *Chinarindenversuch* (cinchona bark trial) begun in 1796.

Hahnemann’s third pillar was to find the way to produce medicines that transform original, natural (plant, animal, or mineral-based) ingredients into “spiritual” agents, thereby making them capable of affecting the vital force—

which is also spiritual in nature. As Hahnemann puts it in *Organon,* “This is in accordance with the natural law of homeopathy, which has always been the basis of all true healing” (§ 26). It is a law that had sometimes been anticipated in the past, but never acknowledged before his time: In the living organism a weaker dynamic affect is permanently dominated by a stronger one, which, though different in nature, nevertheless greatly resembles it in expression. “The curative virtue of medicines thus depends on their symptoms being similar to those of the disease, but being stronger. It follows that in any particular case, a disease can be most certainly, thoroughly, swiftly, and permanently eliminated and removed only by a medicine that makes a human being undergo the totality of the symptoms that are similar to the disease, but are stronger” (§ 27).[1]

Based on his experiments reported in *Materia Medica,* Hahnemann developed the remedies for particular diseases, and the diagnostic procedures that are precisely the correct *similia* for the given cases. But, even with the most accurate diagnosis, the healer’s intuition is helpful to identify the correct remedy and the applicable *similia*.

Choosing the right potency for the *similia* is likewise a demanding task. *Similias* of different potencies are needed for each particular patient in order to restore his or her vital force.

The last question to resolve is the optimal potency of the dosage of the *similia:* how frequently and how much of it should be taken. Hahnemann called his method the “art” of healing with good reason. Every patient is a unique, unrepeatable case, so the perfect remedy in every case is as unique as a work of art. For homeopaths today the tasks of creating this unique work of art remains as challenging as it has been for the previous two centuries.

SCIENTIFIC STUDIES OF HOMEOPATHY AS INFORMATION MEDICINE

Since the final decades of the twentieth century, the role of alternative medicine has gained greater importance. Not surprisingly, more and more healing methods have been developed that are effective beyond the standard biochemistry-based methods. EEG tests show that our nervous system and brain perceive and act on information that our sense organs cannot detect, and

it is such information that is the basis of healing with homeopathy.

Ever since the 1980s many studies have examined the effects of informational methods, asking whether treatments that do not involve biochemical medications truly act on the organism. A volume edited by P. Christian Endler and Jürgen Schulte published in 1994 brought together the most important studies in this field. Titled *Ultra High Dilution Physiology and Physics*, its creation was given impetus by Christian Endler's workshop called "Water and Information." As the editors reported, "After a talk that Franz Moser of the Technical University of Graz gave in Bremen, Schulte explained his ideas about clusters and long-range interactions, and his concerns about reliable theories and experiments in research on ultra high dilutions (UHD) and homeopathy. He was asked to speak at Endler's workshop. Following the contributions of this workshop as well as the current literature on UHD and homeopathy, including the doctoral thesis of Giesela King[2] and the survey of Marco Righetti,[3] Endler and his colleagues decided to write a book in order to encourage scientists to work and to publish in this field with high scientific standards. What they had in mind was contributing to the objective of raising the research on UHD and homeopathy to an internationally recognized scientific standard, and establishing UHD and homeopathy as a *bona fide* field in science."

It took four years to complete *Ultra High Dilution Physiology and Physics.* The studies in it encompass four areas of research and exploration: the physiology of the organism, the physics underlying the nonordinary subtle effects, the biophysics of information with special reference to the principles that embody the application of Hahnemann's discoveries, and the historical and medical context of these areas of research.

The biophysicist Fritz Albert Popp, the discoverer of biophotons, contributed to the third area of study. In view of the particular relevance of Popp's contribution to the physical and physiological effects of ultrahigh diluted substances—and therewith to the information-based nonlocal healing discussed in this book—a more detailed account of Popp's findings follows.

Contributions of Fritz Albert Popp

Popp's study is titled "Some Biophysical Elements of Homeopathy." It concerns the unexpectedly high sensitivity of biological systems as the key to

understanding what he calls “the homeopathic effect.” According to the classical analogue of the pendulum, the “coherent states” described in quantum physics explain the effects of agitated high-dilution solutions such as in “homeopathy” as interrelated phenomena. The basic effect is always a delocalization of the energy in a resonance-like interaction between emitter and absorber. Applied to living systems, the sick body works as a boson store where “wrong” oscillations give rise to perturbations in the regulation of organic processes. The homeopathic remedy acts as a resonance absorber of disturbing oscillations as soon as the correct remedy is introduced.

Popp devoted several decades of careful theoretical and experimental work to reveal the nature of subtle, seemingly nonordinary effects in biophysics and biochemistry. These effects have an important role in medicine. There are entire branches of medicine that rely on the healing effect of interactions that have no immediate explanation in the biochemical realm. Homeopathic medicine is a prime example.

Popp noted that the effectiveness of homeopathy violates common sense. Common sense is violated by assuming that a remedy will work even if there is not a single molecule of the efficient substance present in the solution. Effective action, it is said, can be produced only if a molecule, a molecular substance, interacts with the receptor. It follows that effective action—healing, in the case of homeopathy—cannot occur if there is not a single molecule of the healing agent in the remedy. In that case common sense suggests that the healing effect is a placebo effect, due to the beliefs of the patient.

The placebo effect cannot be excluded in any form of medicine—it is even possible to maintain that the entire arsenal of modern medicine is based on the belief of the patient that the prescribed remedy is effective. However, there is now irrefutable experimental evidence that homeopathic remedies produce an effect that is different from the effect of a biochemical remedy, and different from that of the placebo. The evidence concerns nonhuman subjects. If a subject is affected by a homeopathic preparation but does not possess a brain capable of entertaining beliefs, attributing the effect to the subject’s beliefs does not make sense. Yet this is the case in an experiment reported by Popp and published in *Allgemeine Homeopathische Zeitung*.[4] Popp reported repeatable and demonstrable response to exposure to ultrahigh diluted and succussed[*11] substances by a microorganism, the bioluminescent

plankton *Gonyaulax polyedra*. It distinguishes between potentiated (succussed) and non-potentiated highly diluted solutions. The response consists of the differentiated bioluminessence of this organism when placed in a non-potentiated solution compared to when it is placed in a pre-potentiated one. And this effect is easy to reproduce. The reaction to potentiated substances was much greater.

Popp notes that we do not know exactly how long the differentiated phenomenon is present after potentiating the solution. He assumes that the differences perceived by the class of organism known as eukaryotic flagellates are rooted in the "solitons" (solitary waves) created in the potentiated agent. It is known that coherent resonances are perceptible in biological systems well after the system's mechanical stimulation has ended, even if most physical detector systems—owing to their relatively low sensitivity—are unable to respond to the differences.

If the potentiated and non-potentiated solutions create a perceptible and reproducible difference, the phenomena of ultrahigh diluted substances are of great importance. They account for the effect of the highly potentiated remedies discussed by Hahnemann. It follows that the effect of a homeopathic remedy is not a placebo effect, even if not a single molecule of the effective agent is present in the solution. The differentiated response of living organisms to substances subjected to different degrees of succussion (controlled agitation) testifies that the shaking to which the remedy is subjected is a further physically effective factor.

The evidence presented by Popp shows that the effect of a substance that is so highly diluted that not a single molecule of the original effective agent is likely to remain in it is present and real whether that organism is a human being, an animal, a plant, or a microorganism. These nonconventional effects are conveyed by informational means. (This is confirmed in my practice of nonlocal healing, where the distance between myself as healer and the person that I treat often precludes the transmission of biophysical and biochemical information.) Nonmaterial, purely informational effects are anomalous for modern medicine, but they are not anomalous for quantum physics, where the transmission of information encompasses subtle interactions below the threshold of measurable interaction.

Popp explains informational effects in reference to the resonances exhibited by tuning forks (see fig. 7.1, p. 124). With regard to the vibration of

tuning forks, the coherent states of the forks take up the energy of forks that introduce incoherence. This is an example of the transmission of information discovered by Hahnemann; the resonance works in accordance with his discoveries. The more the frequencies of two oscillators agree, the lower the amplitudes necessary for the longrange transfer of energy. There is no difference for electric oscillations (e.g., resonance circuits), for mechanical oscillations (e.g., pendulums), and for acoustical vibrations (e.g., tuning forks).

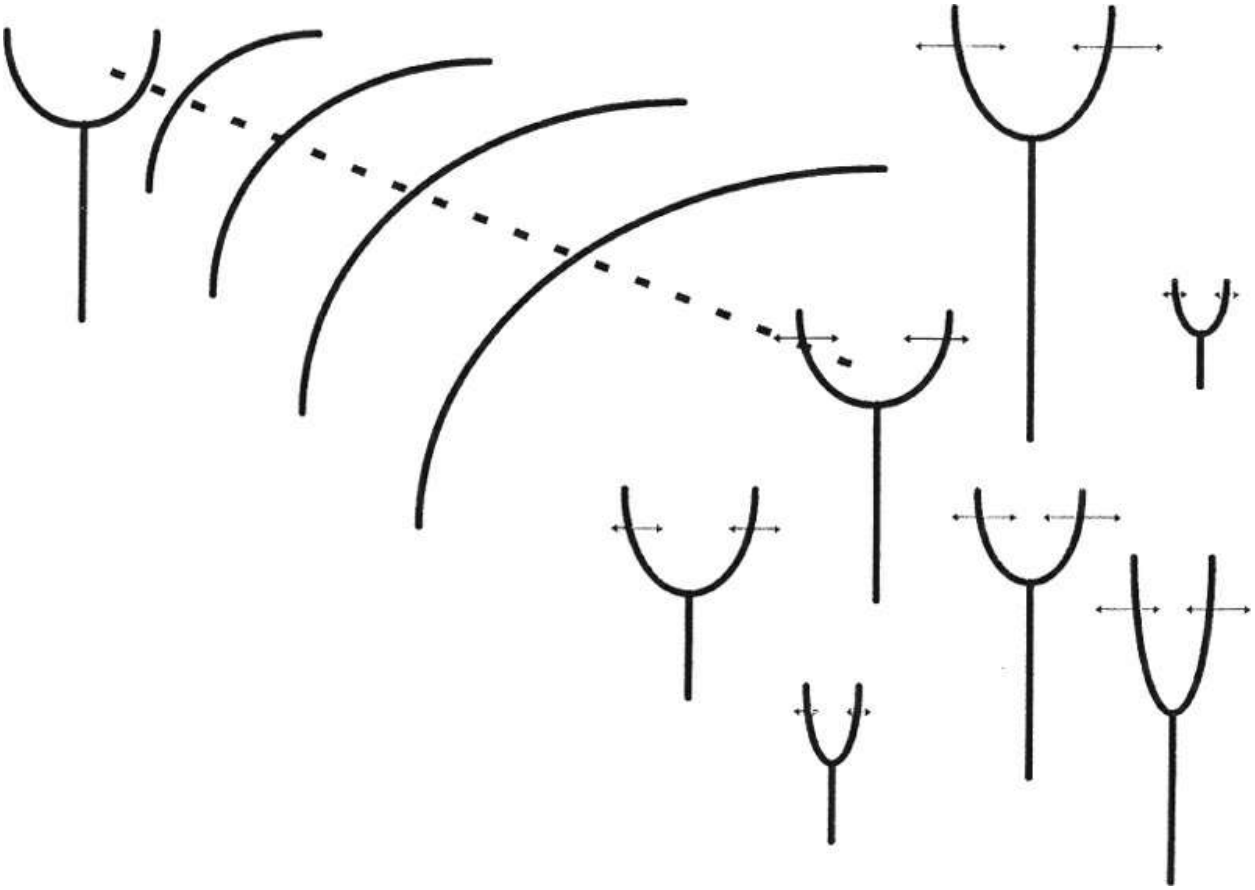


Figure 7.1. The tuning-fork model of homeopathy. The tuning fork in the upper left corner represents a sick frequency of a human body. The dotted line to just one fork represents the resonance between the body and the appropriate homeopathic remedy. The other forks represent frequencies of homeopathic remedies that do not resonate with the frequency of the illness.

Popp's Tuning-Fork Example

Popp's analogy is offered to explain the way substances (in this case, solutions) produce physical effects even though they do not contain a single molecule of the effect-producing agent.

It is known that tuning forks start resonating when they vibrate at the same (or nearly the same) frequency. A homeopathic solution—or a potentiated nonliquid remedy—is like a tuning fork tuned to a specific frequency. The remedy—like a tuning fork—communicates its vibration to another substance (another tuning fork) without any physical impetus such as touching the fork to bring it into vibration. This has implications for healing, in particular for homeopathy.

The sick organism is like a tuning fork tuned to a given frequency. At this frequency, the organism is not functional (it is sick). How would one bring a tuning fork to another frequency without physically affecting the fork? To bring an organism back to healthy functioning, homeopathy does this by introducing a solution or nonliquid remedy (which acts like an additional tuning fork) that brings together the frequencies of the sick organism (represented by the badly tuned fork) with the healthy vibration (the well-tuned tuning fork). This additional substance is the "added tuning fork." Adding it creates the healing effect without any physical intervention. This clears up the mystery of how a homeopathic substance (such as a potentiated solution) that doesn't contain a single molecule of the effect-producing agent can have a healing effect.

The biological body is considered a "black box" because there is no description of what is contained within it—what molecules, cells, organs, and organ systems constitute it. But this knowledge is not necessary, because introducing a particular potentiated remedy creates an instant nonphysical effect that changes the vibration that is out of resonance to a healthy vibration so the patient experiences healthy resonance once more.

The phenomenon is illustrated in medical case histories. The patient is represented as a "black box" in which a series of tuning forks with a variety of oscillations are present. One of the oscillations (representing the cause of the disease) perturbs the harmony of the others due to its untuned frequency or frequency combination. There is only one way to restore harmony: to insert a second tuning fork in the proximity of the black box, thereby taking up a considerable part of the energy of the untuned fork (see fig. 7.1). The effectiveness of this operation rests on the "potency rule" meaning that (1)

the more the frequency of the added tuning fork fits with the frequency of the perturbing tuning fork (the *similia* principle), then (2) the lower oscillation amplitude of the added tuning fork derives energy from the resonating tuning fork. The removal of disregulating energy in the system stabilizes and harmonizes the body's coherent states. According to Popp, this model can explain the interaction of the coherent states observed in homeopathy.[5]

In 2015, a special issue of the journal *Homeopathy* marked the twenty-first anniversary of the 1994 publication of the landmark collection of papers on the physiology and physics of ultrahigh dilution substances. Edited by Endler, Schulte, and Stock-Schröer, the special issue offers a general review of progress in the area of ultrahigh dilution research in the past two decades. According to the editors, the "enduring fascination" with research in this field is attested by the fact that all the surviving and nonretired contributors of the original 1994 collection of papers contributed to the 2015 review volume.

Since the publication of the original collection, a great increase occurred in the number of published specialized studies. In 1994, 35 such studies appeared, whereas in 2015 the number had risen to 126. Of the studies that repeat previous work, the null hypothesis (that research does not produce measurable differences between control groups and the administration of real substances) was refuted by 70 percent, while 20 percent produced zero results and 9 percent showed contrary results.

The 2015 review volume published four new clinical studies dedicated to the hypothesis that the experimental results attributed to the effect of ultrahigh diluted substances (and thus to homeopathy) are a placebo effect. Of the four studies, three concluded that the effects produced by the ultrahigh diluted substances are, or may be, superior to a placebo, and the remaining one did not find a difference between the effects of the substances and those of a placebo.

With good reason, the editors of the 2015 volume concluded that in the past twenty-one years significant progress has been made in establishing the reality of the effects of ultrahigh dilution substances.

INFORMATION-BASED DIAGNOSIS

We now turn to a review of the practices of nonlocal healing supported by

research on subtle energies and ultrahigh diluted substances.

Here I offer to today's homeopaths the method and approach tested and applied by this author for the past several decades. It enables homeopaths to promptly and accurately find the similia in the appropriate potency, and to find its correct application in each unique case. This is more important than ever, as many chronic diseases have proved resistant to treatment.

On the basis of testing with the bioindicator, we establish whether the healer needs to provide help for the organism to create a functional equilibrium. The recommended practice is as follows.

Identifying the Needed Homeopathic Remedy

First we test whether a treatment is actually required. If so, further testing will indicate the nature of the treatment. The first step—whether we should use proximal (in person) or nonlocal healing—is that we test on the top of the head for the required treatment. We can go ahead only if the bioindicator moves horizontally.

In the case of a simple cold, it is possible that the patient only needs home remedies, such as staying in bed, drinking warm tea, or taking an aspirin. It may also be necessary to apply symbols to a particular meridian point.

In serious cases we need to apply homeopathic remedy or nosodes. (Experience shows that patients who passed through treatment for miasmas, when experiencing fever due to infection, may require treatment with nosodes, which are a specific type of homeopathic treatment derived from the disease itself and diluted to the necessary potency to treat or prevent disease. For related cases, see chapter 6.)

Identifying the Potency[*12]

We determine the potency of the homeopathic remedy by testing at the top of the head. Identifying the potency is just as important as selecting the remedy itself. If we make a mistake and apply a potency lower than would be necessary, the patient's condition may be aggravated. In that case the healing process itself may be attenuated. On the other hand, if we use a potency higher than indicated, there will not be any effect. The dependence of the

healing effect on the right potency and remedy illustrates Popp's contention, that if the potency is not precise, no effect will be produced—in the tuning fork example, if the tuning fork is not tuned precisely, it will not resonate.

Identifying the Dosage

In my experience in the case of acute infections, two to three applications at a high potency are needed, with an interval ranging from 12 to 24 or even 36 hours. In chronic cases a single treatment may be needed once a week for as many weeks as are indicated by the test results.

If we fail to find the dosage and the interval for taking the remedy, the healing effect will be weaker.

Seventy-Four-Year-Old Woman, Italy

I have been helping this patient for more than two decades. She received miasma treatment from Dr. Flint of the Psionic Medical Society in 1995. Since then, I have provided remote healing for her in case she had functional health problems. As a result of our long-term cooperation, she keeps her own set of the high-potency nosodes and the homeopathic agents that are the most frequently needed at home, and she gets the lower potency agents at her local pharmacy. This makes it easier for me to choose the right homeopathic therapy. If the healing symbols of new homeopathy are needed, I treat her nonlocally, or she prepares her own informed water, or we use a combination of the symbols and informed water.

Here are a few further details of her medical history:

On Saturday, April 2, 2016, the patient again asked for help. She reported having a strong pain in her left ear. Based on my testing, I recommended Pyrogenium in potency M in three doses. Between the first and second dose there was an interval of 12.5 hours, while 24 hours passed between taking the second and the third dose. By then her problem had entirely disappeared.

On August 6, 2018, on her waist area, in front, approximately thirty intensely itching blisters the size of lentils

appeared. The symptoms showed signs of shingles. To my question whether she had had chickenpox as a child, she could not give a certain answer, but both of her children had had the disease. Because it was a busy day, the testing could only take place in the evening. The result of the testing was the Herpes simplex *Nosode 200 CH, even though based on medical practice and information on the internet the patient's guess was the* Herpes zoster nosode.

The recommended dosage was to take the first dose immediately after testing and another one 14 hours later, that is, at noon the following day.

The patient kept me posted on her condition every day. The itchiness had drastically decreased by the next day. As a result of testing, on the third day the patient took the third nosode after dinner at 8:00 p.m. The blisters had disappeared by the fifth day.

On September 18, the patient reached out to me while she was on holiday. She felt symptoms of cold in her throat and felt heavy fatigue. My testing showed that she needed Nosode Staphylococcus 200 CH, to be consumed in two portions. She took the first portion on the nineteenth and the second one 24 hours later. She felt much better.

I examined her condition again on September 21. The affected region was that of the bronchi. Her coughing moved to a deeper region. There was pressure on her chest. I suggested C200 of Lachesis, in two separate portions, the second portion to be taken 24 hours later.

My last testing on September 23 called for the use of a portion of Lachesis 200 CH on the following day. She was free of symptoms by the twenty-fifth.

Sixty-Three-Year-Old Woman, France, August 15, 2018

A longtime patient of mine, the woman was in good health; she never had any problems apart from smaller functional issues

(colds, coughs, etc.). However, the past year brought unexpected changes in her health. During the fall, at the beginning of October, she noticed a painful lump in her left breast and had an operation on October 31 to remove her left breast. As a follow-up treatment after removing the tumor, she received chemotherapy from January 9 until the middle of May. She had her first checkup three months later, on August 10. The results were negative, and no further treatments were recommended. She turned to me to recommend a supplementary therapy. Her blood pressure was low, and if she tried drinking coffee, she started shaking. She took one 25 mg of Euthyrox (levothyroxine) per day and was recommended Xanax to relax, which did help.

My examination showed the following. The testing at the top of the head showed clear signs of an energetic change (the bioindicator moved vertically). I could only detect a very slight disturbance on the psychomeridian—the indicator moved transversely to the right (between positions 2 and 3). These results supported the conclusion that everything was basically in order. The small-intestine meridian was fine, but the large-intestine meridian, the kidney meridian, and the spleen showed disharmony.

The recommended therapy:

- Kalium sulfuricum *30 CH in three doses per week (6 globuli per dose), with two days between applications*
- *Euthyrox (levothyroxine) 25 mcg (alternate one day a whole pill and the next day a half on an ongoing basis)*
- *Potassium 500 mg daily after lunch*
- *Vitamin D3 1,000 NE one pill every other day*
- *Long-term balancing therapy:* Silicea *12 X, once a day for four weeks*
- Calcium phosphoricum *30 CH, 4 globuli every other day for four weeks*
- *Cell Integrity Reprogram (a vitamin and mineral supplement) for*

four months: dosage in the first month: 3 pills a day at 7:00 a.m, at noon, and at 5:00 p.m. Following the treatment when testing the top of the head, the bioindicator moved horizontally. This showed that the foreseeable effect of the treatment by the Cell Integrity Reprogram on the patient's chemo-stress condition is positive.

Ninety-Five-Year-Old Woman, Hungary

I have been helping this patient for more than two decades. She received miasma treatment from Dr. Flint of the Psionic Medical Society in 1995. I have since provided information-based healing for her when she has had any functional health problems. She takes allopathic medicine for her high blood pressure; other than that she calls me if she has a health problem. Since she lives in Budapest, I can supply her with homeopathic remedies as needed. If testing shows informationbased healing, I apply healing symbols remotely or by counselling about informed water treatment. She prepares her own informed water. Her physician controls her condition regularly with all necessary laboratory tests. Her blood is healthy.

Here are some examples of her treatments:

November 11, 2015
She has a sore throat.
***Treatment**: Nosode Meningococcus M, taken twice, 24 hours apart. On the third day she regained her health.*

December 10, 2015
She complained of inflammation of her left side upper gum.
***Treatment**: Healing symbol: Y and four parallel lines for one day. The complaints disappeared the following day.*

June 9, 2016
She has a headache and pain in the abdomen.

***Treatment**: Nosode* Streptococcus *M, only once.*
The complaints disappeared the following day.

December 23, 2016
She has a sore throat.
***Treatment**: Nosode* Bacillus Gaertner *200 CH, taken twice, a day apart. The pain ceased the third day.*

August 8, 2017
Up to the knees, both legs of the patient had edema; her physician suggested taking a diuretic. The diuretic treatment didn't help. On the basis of my testing I prescribed Prunus spinosa *at a low potency. According to the bioindicator, that was the indicated remedy first at 5 CH potency and later at 9 CH. This helped wonderfully by taking it for one week at potency 5 CH and thereafter at 9 CH. The edema diminished fast, in three to four days. It disappeared completely during the second week.*

Fifty-Seven-Year-Old Woman, Italy September 12, 2012

I was spending my holiday in Italy. On the day of my departure to home, some time before I had to leave, I found out that the director of the holiday esort had bronchitis. There was not enough time to examine her, but I offered to help her by remote means. A huge workload was waiting for me back home, and in the end I forgot about the director. It was only after two weeks that I remembered! The testing I undertook recommended the Kalium sulphuricum M *homeopathic preparation, to be applied twice with a 36 hours interval. I mailed the prescription to her right away.*

The director of the resort and I met again a year later, the following summer, and she greeted me with "you saved my life!" We sat down and talked. Prior to my treatment, she had suffered from chronic bronchitis for over four years. She had

been examined in every possible way and got various allopathic and homeopathic preparations, but her condition only improved temporarily and she always relapsed into her hard-to-endure condition after a few weeks. She followed my precise instructions regarding the dosage and the schedule of taking the remedy attached to the preparation I sent her. Her bronchitis disappeared from one day to the next, and it has not returned since.

Twenty-One-Year-Old Man, Hungary April–October 2009

This patient had been suffering from atopic eczema (neurodermatitis) since he was two years old and asthma since he was six. The eczema gave him rashes from time to time, and sores appeared on his neck, lips, and the folds of his skin. The examination clearly showed milk allergy. The patient was an actively competing athlete who traveled a great deal. He could not change his eating habits or diet due to this lifestyle. In order to accurately establish the diagnosis, I looked for the cause of the disease as a first step. The bioindicator pointed to the twenty-first day after his birth. I treated him with information for that day. As I later came to find out, his mother's milk dried up on that day, so after that the patient had been given baby formula that contained cow's milk. The next step of his treatment was three months of homeopathic treatment. By the fourth month his symptoms (asthma and eczema) had completely disappeared.

8

Nonlocal Diagnosis and Healing through Chakras

Nonlocal healing enlists information on the condition of the organism even when it is not available to sensory perception. In order to better understand healing through chakras, it is first important to distinguish three principal varieties of information-based healing. Though we have discussed much regarding the first two varieties, it is important to restate them here to elucidate how the third variety differs from them.

1. Identifying the elements, properties, and manifestations of the bioenergy field. The first and most basic kind of information-based healing acts on the bioenergy field of the body.

Information-based healing enlists the power of the organism to heal itself. This is a natural function, intrinsic to all complex forms of life. Traditionally, the self-repairing power of the organism has been explained in reference to a vital force that would operate above and beyond the organism. It has been given various names. The ancient Hindus called it *sattva*, or light; in the sixteenth century Paracelsus spoke of the *vis mediatrix naturae*—the "natural healing force." By the nineteenth century Hahnemann was writing of *vitis dynamis*, the "dynamic of life," and at the dawn of the twentieth century Rudolf Steiner[1] spoke of the formative forces and processes of nature. In recent years the wide-ranging search for the bioenergies that underlie the living organism focused on the energetic aspects of a field that may be responsible for the integrity and coherence of organisms.

In the new biology it is frequently assumed that there is a continuous energy and information field pervading the body. This field governs the

biochemical processes of the body much like a computer governs the electronic processes of a program. It follows that if and when the biofield is flawed in some way, the biochemical processes governed by it are flawed as well. In order to heal these processes, we need not resort to the screwdriver and soldering iron of traditional engineering; it is sufficient, and in fact safer and more effective, to use informational means to interact with the biofield. This is just what information-based healing attempts to do.

Although healing through information in reference to a biofield has proved its effectiveness, it is resisted by the academic and medical communities and mistrusted by a large (though currently shrinking) segment of the public. The basic stumbling block appears to be the acceptance of a field that pervades and surrounds the body. Such a "biofield" is not observable in itself, although there are sensitives who can perceive it in some form, such as vital-energy auras. Yet its effects are perceivable and even measurable. There are ways of diagnosing the ills that may beset the body in reference to breaks and flaws in the body's bioenergy field.

There are many ways of diagnosing the integrity of the human biofield. Diagnostic methods range from classical radiesthesia methods (the pendulum and the bioindicator), to sophisticated electronic devices such as the Vega test and radionic devices (see the appendix for more on radionics), to sensitives who seem able to "see" into the malfunctioning elements of the body. These diagnostic methods have a common aim. They seek the places where the integrity of the biofield is impaired. When this information is obtained, various remedies are suggested, from herbal teas and natural dietary substances to Bach flower remedies and homeopathic solutions. The effectiveness of the methods can be controlled by the same method that was used to make the diagnosis. In this way complex cures are created with prescribed treatments varying in time. The prescription suggests one type of therapy to then be followed by another.

There are many forms of information-based medicine in this first category, which acts on the patient's biofield and attempts to safeguard it or, if necessary, to reestablish its integrity. Some of them originated in the East, among them acupuncture and chakra healing; others came from the West, including Hahnemann's classical homeopathy and Körbler's new homeopathy.[2] These methods act indirectly on the body, using the informational power of the field as the means to redress eventual problems.

Its advantage over academic medicine is not only its greater subtlety and lesser risk factor but also its greater prophylactic (preventive) power. This is because the biofield can often indicate a problem before the biochemistry of the body manifests it. Repeated experience shows that a flaw in the field does not immediately provoke the biochemical changes associated with a malady; rather, the field indicates a weakness in the organism that creates a tendency toward such changes. Thus action on the field cannot only *cure* a malady—if it is timely, it can also *prevent* it.

2. Identifying heritable disturbances of the bioenergy field. Information-based healing of the second kind goes deeper than the first kind. This kind of healing seeks not only to diagnose what is wrong with the patient's biofield but also seeks to know *why*. This is an important additional element, for it enables the healer to identify the cause of the disease. Healing can then be oriented toward eliminating the cause, rather than just coping with the effects. This can avert the recurrence of a disease through the continued presence of its cause.

The second kind of information-based healing was developed to a high level of sophistication by the Psionic Medical Society in the United Kingdom.[3] The society—today called the Laurence Society of Holistic Medicine—practices "psionic medicine." It follows the work of the British surgeon J. E. R. McDonagh. He speculated that chronic diseases arise through the disturbance of the shape of chemically assembled proteins. The question that arose is, Just what disturbs the shape of the proteins? Another British surgeon, George Laurence, a disciple of McDonagh's, worked out practical ways of identifying the causes of protein disturbances. He spoke of a subtle-energy psi function as the basis of his method.

Today's psionic medical practice takes the individual's morphic pattern in the universal information field as the key to diagnosis and treatment. As already noted, this pattern encodes the information necessary for the proper functioning of the organism. In this regard it is like a hologram that carries all the information relative to the contours of a three-dimensional body. The field, like the hologram, carries information relative to such a body without being a three-dimensional body itself.

Normally, we assume that a breakdown in the integrity of the organism is due to something the patient has experienced or been subjected to. These occurrences—most people maintain—must have taken place in the patient's

lifetime. Hahnemann, among a few others, knew better. He spoke not only of “acquired toxic factors” but also of “miasmas.” The latter, he said, could also be inherited. Miasmas are weaknesses that create a tendency toward disease in the individual, even if the individual has not acquired these weaknesses in the present lifetime—he or she could also have inherited them from previous lifetimes. Nonlocal medicine can diagnose such inherited factors, offering protection from diseases that may or may not have surfaced in the present lifetime of the organism.

Perceptive physicians can diagnose the energetic field that surrounds the embryo prior to its birth, and can even diagnose the pattern of the prospective parents. By applying suitable remedies, they free the organism from the accumulated weight of weaknesses contracted by forebears through several generations.

There are elements of the human biofield that are not merely transient. The field has transgenerational elements, handed down from parent to offspring. In regard to these elements the human biofield cannot be explained by the electromagnetic activity of cells, molecules, and atoms in the body. By testing the biofield of the patient we test more than the electromagnetic biofield: we test the scalar-electromagnetic field that is the imprint of the body in the information field. Laszlo argues that the field is a universal phenomenon consisting of scalarmediated electromagnetic “Schrödinger holograms” propagating in the zero-point field of the vacuum. This accounts for the nonlocality found in experiments in quantum physics, and it also accounts for surprisingly close connections between genome and phenome in biology. In the area of transpersonal psychology it provides an explanation for certain spontaneous image and intuition sharing between the brains and minds of seemingly separate but deeply interconnected human beings.

Information-based healing of the second kind goes further along the chain of cause and effect than information-based healing of the first kind, and both go further than academic Western medicine. The latter deals with the actual manifestation of a disease on the level of biochemical changes occurring in the organism. Information-based healing traces the cause of these changes to the biofield that surrounds the body and governs its biochemical processes. It not only diagnoses the flaws of the biofield but traces these flaws to acquired or inherited toxic factors.

3. Identifying the properties of the morphic pattern in the

information field. A further step in information-based healing is possible, and now we have the method for taking it. This is to identify the particular event that was the cause of the disease, seen as a flaw in the morphic pattern of the individual. This form of healing poses the question, What was it in the life of the patient (or in the life of his or her forebears) that created the flaw that now impairs his or her morphic pattern? It is one thing to identify a flaw in the morphic pattern; it is another to know what caused it. This further factor is just as important as the others: it helps the healer to eliminate the originating cause and prevent its recurrence.

Experience with information-based healing of the third kind also allows that the ultimate cause of a disease may be not the body but the mind. Here information-based healing shades into psychosomatic medicine.

Holistic healers know that on some level of his or her awareness the patient "knows" what is wrong with his or her organism. The difficulty is to elicit the precise answer, for it lies below the level of the patient's everyday consciousness. Regression and hypnotherapies, as well as kinesiology and similar methods, have shown that eliciting such information is both possible and effective. The method I discovered (or rediscovered) offers a particularly reliable way to obtain the required information. It inquires into the cause of a weakness in the individual's morphic pattern. The flaw may originate in the form of a "memory" of an event the patient experienced or was subjected to.

For example, a patient with a long-standing allergy to cow's milk could unearth the "memory" that he was taken off mother's milk at the age of three months and given ordinary cow's milk instead. Following an initial period of adjustment he does not manifest negative aftereffects—but these could manifest later in adult life, when an intermittent allergic reaction develops in regard to the consumption of larger quantities of cow's milk and related dairy products. When therapy traces the allergy to the abrupt withdrawal of mother's milk at the age of three months, the healer can "turn around" the information in the patient's organism. The allergy can then be cured by one of the information-based healing methods and, unlike in other types of cures, it will not return. A permanent cure of this kind is beyond the scope of the standard biochemical prescriptions of Western medicine.

This is not the place to give a detailed description of the alternative-medicine techniques used in connection with the above methods. Suffice it to say that information-based healing of the third kind diagnoses imperfections

in the individual's morphic pattern through a sophisticated technique of radiesthesia using a "witness" (a sample) of the patient's organism. The witness is used for its informational and not for its biochemical properties. That is, the witness, a drop of blood or a strand of hair, gives information about the changing condition of the patient over days, months, and even years.

By using a witness to elicit information about the patient's bodily condition, the healer can detect information on the origins of the flaw in the patient's morphic pattern. The brain, the same as the entire organism, is permanently in contact with this transgenerational morphic pattern. Through the technique I developed, the patient can make use of the corresponding information, even if he or she remains consciously unaware of it.

The technique in question is an information-based form of healing through chakras. Thanks to this technique, it is not necessary to locate the chakras by independent means; it is sufficient to have the patient focus his eyes on the image of a given chakra, and to test his or her cerebral activity while doing so. A skilled diagnostician can help the patient to focus on the event or experience that was originally responsible for the imperfection in his or her morphic pattern. The right hemisphere of the brain will react accordingly, and the healer can translate this information with the help of a dowsing rod. Since the spontaneous cerebral responses of the patient can be tested in regard to all seven of his or her chakras, the psychosomatic causes of the malfunctions found in almost any part of the organism can be identified. Healing is promoted by the therapy indicated by the chakra-based diagnosis. In most cases the accuracy of the diagnosis and the effectiveness of the cure are remarkable.

One day we will no doubt achieve a better and more reliable understanding of the nature of organic functioning, and of the causes that create a breakdown in that functioning. This will take us from the diagnosis and treatment of effects to the diagnosis and treatment of causes—and, ultimately, to the diagnosis and treatment of the psychosomatically experienced causes of the flaws that may appear in the individual's morphic pattern. Medical science will progress from interventions regarding symptoms to informational treatments addressing the causes.

THE METHOD OF CHAKRA DIAGNOSIS AND THERAPY

In what follows I describe a diagnostic and therapeutic method called “chakra diagnosis” because it functions through the energy centers of the body known as the chakras.

How do we diagnose the condition of the body through chakras? Here we can draw on our acquaintance with modern information systems. When we attach a parabolic antenna to our TV set, our system can “read” the information sent by an accessible geostationary satellite. Without the antenna this is not possible, although the satellite sends the information just the same. We need an antenna to translate the information that reaches us into perceptible form. In the case of nonlocal healing, the images of the seven chakras function as our antenna. They tune our brain and nervous system for the reception of particular varieties of information from the quantum information field. Viewing the pictures “calls up” the information that corresponds to the processes that concern us; our brain and body “resonate” with the corresponding information.

The chakras belong to the unseen part of the body, the “etheric” body. The information of the etheric body enters the individual morphic pattern. The individual’s bioenergy field carries the etheric body and governs and regulates the manifest biochemical, biomolecular, and cellular body. Chakras are vortices in that field. Some people can actually see them, and it is said that everyone could do so given sufficient training and concentration.

When perceived, the chakras are described as highly colored rotating spheres. Each chakra has its own specific color scheme and pattern. A number of people have tried to depict them in visible form. (The ones pictured in the color plates are based on the drawings of Rev. Edward Warner as reproduced by C. W. Leadbeater in his book *The Chakras*.[4] See plates 2 through 8.)

While the patient is looking at the chakra pictures—viewing each picture for about 15 to 20 seconds—he or she can be tested with the bioindicator above the right cerebral hemisphere. In this case the movement of the bioindicator gives the same information as we would get when testing selected acupuncture points. The chakra functions that show disorder can be

corrected with the Sagi symbols in the same way as we can correct disorders by testing the acupuncture points. The outcome is the same: the energy state of the organism is optimized. The energetical processes that can be observed and corrected with the help of the chakra pictures are the same as those that can be observed and corrected by testing the meridian points. This makes it possible to merge the two methods and reach a deeper understanding of the causes of a given disorder.

The method making use of the chakra pictures offers both diagnosis and treatment. The diagnostic and therapeutic steps follow one another until the cause of the disease is found.

The first step of chakra therapy is to ask the subject to view the first chakra picture for 15 to 20 seconds. The healer perceives the reaction by placing his or her left hand above the patient's right cerebral hemisphere (see fig. 8.1) while holding the bioindicator in the right hand.[*13] The nature of the reaction is disclosed by the movement of the bioindicator. The pictures of the remaining six chakras are viewed one after another, and the movement of the bioindicator is recorded.

Figure 8.1. Istvan Sagi testing a patient with the help of chakra images

In most cases, within a few minutes, information is obtained about the energetic state of the patient. This procedure gives a qualitatively more complex form of information than by testing any particular part of the organism. The bioindicator gives the usual indications: when moving horizontally, the chakra function is satisfactory, when moving in circles in any direction further testing is necessary. When it circles in a counterclockwise direction the chakra function is disturbed to an extent that endangers the patient's health. (In the case of most diseases we find that some chakras trigger counterclockwise movements, but this does not necessarily mean that we have found the chakra that is responsible for the given disease. Other chakras may be responsible for that movement.)

In order to correct the chakra function, the patient should first undergo manual therapy (the practice of osteopathy) in order to release any mechanical blockages impeding the flow of energy and information. After removing blocks in the skeletal system, or releasing them with the help of manual manipulation, the patient is again asked to view the chakra pictures. If the chakra function is still disturbed, treatment with the Sagi method may be indicated. This calls for proceeding stepwise from the first chakra to the seventh. The energetic state of the organism is then corrected in the region of a given chakra with healing symbols.

Relation of the Chakras to the Neural System of the Vertebrae

Healing symbols may also be used at the exit point of the spinal nerves. This approach may provide the best solution. Experience shows that the chakra function improves on correction of the affected spinal section. The tabulation in Louise L. Hay's book *Heal Your Body* may be recommended for natural healers without medical training.[5] It describes the symptomatic consequences of deviations connected with disturbances of the spine. Figure 8.2 shows the corrected version of Louise Hay's tabulation according to my experience. (The chakra literature gives a detailed description of the biological functions attached to individual chakras; for instance, the eyes, ears, nose, the related cavities, the cerebellum, and the central nervous system are associated with the function of the sixth, front chakra, but these descriptions differ from author to author. Our measurements agree closely, but not completely, with Bodo J. Baginsky and Shalila Sharamon in their *Chakra-Handbook*.[6])

After much testing I found that areas of the spinal nerves along the spine are coordinated with chakra functions as listed below. Also see plate 9.

first chakra, the sacral vertebrae and lumbar 5, 4, 3

second chakra, the lumbar 2, 1 and thoracic 12, 11

third chakra, the thoracic vertebrae 10, 9, 8, 7

fourth chakra, the thoracic vertebrae 6, 5, 4, 3

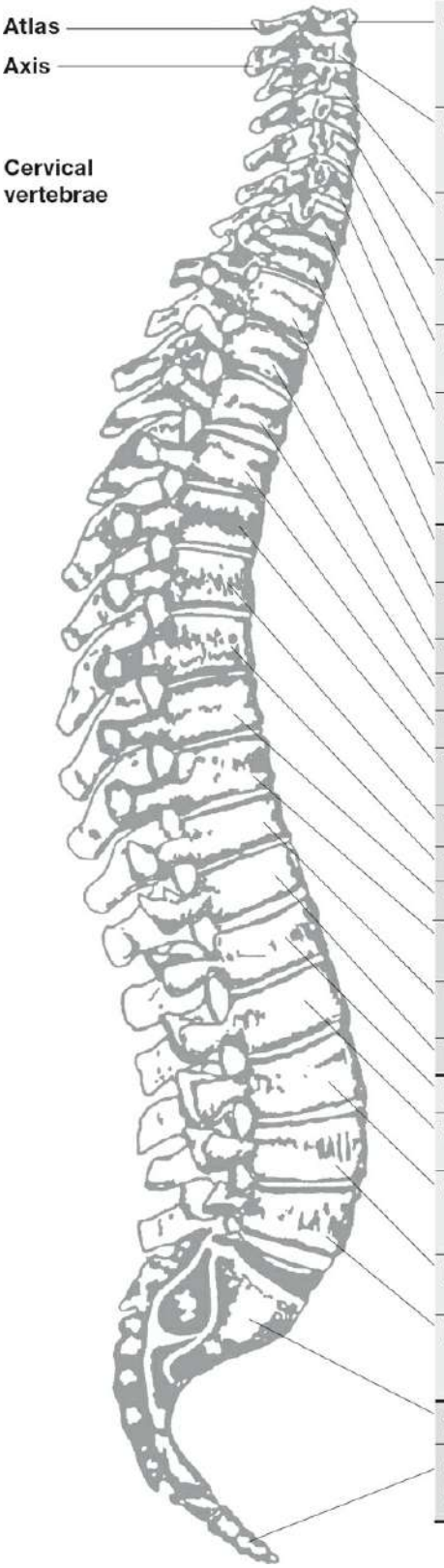
fifth chakra, the thoracic 2, 1, and cervical 7, 6, 5

sixth chakra, the cervical vertebrae 4, 3

seventh chakra, the cervical 2, 1

As mentioned above, the correction of the condition of the organism with healing symbols begins with the first chakra.

If healing symbols are not sufficient for correcting a chakra function, we have to look at the diet of the patient. We need to test for the appropriate minerals and vitamins. I found that dietary deficiencies can best be corrected with Pianto and Bio St. Joseph products and certain algae (such as spirulina and chlorella). When, for instance, the function of the fifth chakra is disturbed, mineral and/or trace element deficiency is the usual cause. Then we examine the extent to which spirulina or chlorella can help.



Vertebrae	Innervation areas	Effects
C1	blood supply to the head, hypophysis, facial bones, brain, inner and middle ear, sympathetic nervous system	headache, migraine, nervousness, sleep deprivation, high blood pressure, nervous breakdown, memory loss, chronic fatigue syndrome, dizziness
C2	eye, optic nerve, auditory nerve, facial cavities, temples, tongue, forehead, scalp	allergies, sinus problems, erysipelas, eye diseases, earache, deafness, loss of consciousness, certain cases of blindness
C3	cheeks, auricles, cheekbones, teeth, facial nerve	nerve pain, nerve inflammation, diseases of the facial skin, eczema
C4	nose, lips, mouth, eustachian tube	hay fever, catarrh conditions, hearing disorders and proliferative disorders
C5	vocal chords, cervical glands, larynx	inflammation of the vocal chords, hoarseness, laryngitis, throat ache
C6	muscles around the neck, shoulders, tonsils	stiffness in the neck, pain in the upper arm, tonsillitis, coughing attacks
C7	thyroid, bursitis around the shoulder, elbows	thyroid diseases, bursitis, colds
Th1	joints in the hand, fingers and esophagus	pain in the forearms and hands
Th2	lungs, bronchi, trachea	bronchitis, pneumonia, asthma, cough and laryngitis
Th3	chest	respiratory problems, shortness of breath
Th4	chest, ribs, pleura	pneumonia, pleurites
Th5	blood	anemia, low blood pressure
Th6	heart and pancreas	functional heart problems and certain chest pains
Th7	solar plexus, duodenum	fever, weak circulation, ulcers and gastritis
Th8	spleen, gallbladder, liver	liver and gall problems, shingles, joint problems
Th9	adrenal glands	chronic fatigue, allergies, hives
Th10	stomach	stomach problems, nervous stomach, digestive problems, heartburn
Th11	kidneys, ureter	dermatitis, eczema, artery calcification, pyelonephritis, kidney problems
Th12	small intestine, lymphatic system	rheumatism, bloatedness, infertility
L1	large intestines, groin	constipation, colitis, dysentery, diarrhea, hernia
L2	appendix, abdomen	convulsions, respiratory problems, acidification, phlebitis
L3	genitalia, uterus, bladder, thighs	urinary bladder problems, menstruation problems, miscarriage, bedwetting, impotency, symptoms associated with menopause
L4	prostate, lower back muscles, hips, knees	sciatica, lumbago, difficulty urinating, back pain, knee problems
L5	lower leg, ankles, feet	circulatory disorder of the legs, swollen ankles, flatfoot, foot fatigue, leg cramps, cold feet
Sacrum	hips, buttocks	problems around the hips, buttocks, sacrum
Caudal vertebrae	rectum and anus	hemorrhoids, itchiness of the anus, coccyx pain when sitting

Figure 8.2. The corrected version of Louise L. Hay's tabulation according to our experience

CORRECTING CHAKRA FUNCTIONS WITH INFORMATION-BASED TREATMENT

As we saw in chapter 4, the standard Körbler therapy uses eight variants, or degrees, of the energetic state of the patient, and associates each state with a particular movement of the bioindicator. This is illustrated by the vector system. These reveal energetic qualities tolerable by the organism, and they can be improved by the self-correcting functions of the organism. Energetic states shown by counterclockwise movements (positions 6, 7, 8) suggest that the organism is highly stressed, subjected to a heavy load. The lasting presence of this stress produces organic changes that may lead to a serious disease.

If we want the bioindicator to show the energetic state of the body, the first thing we need to do is to test the psychomeridian. If disorder is found, it can be corrected with a (vertical) line along the psychomeridian traced by hand. This corrects the given disorder for about 20 or 30 minutes. We can then test the inflammation zone on both wrists (see fig. 8.3). In case of a serious disorder, we apply the symbol , drawn horizontally on the wrist.

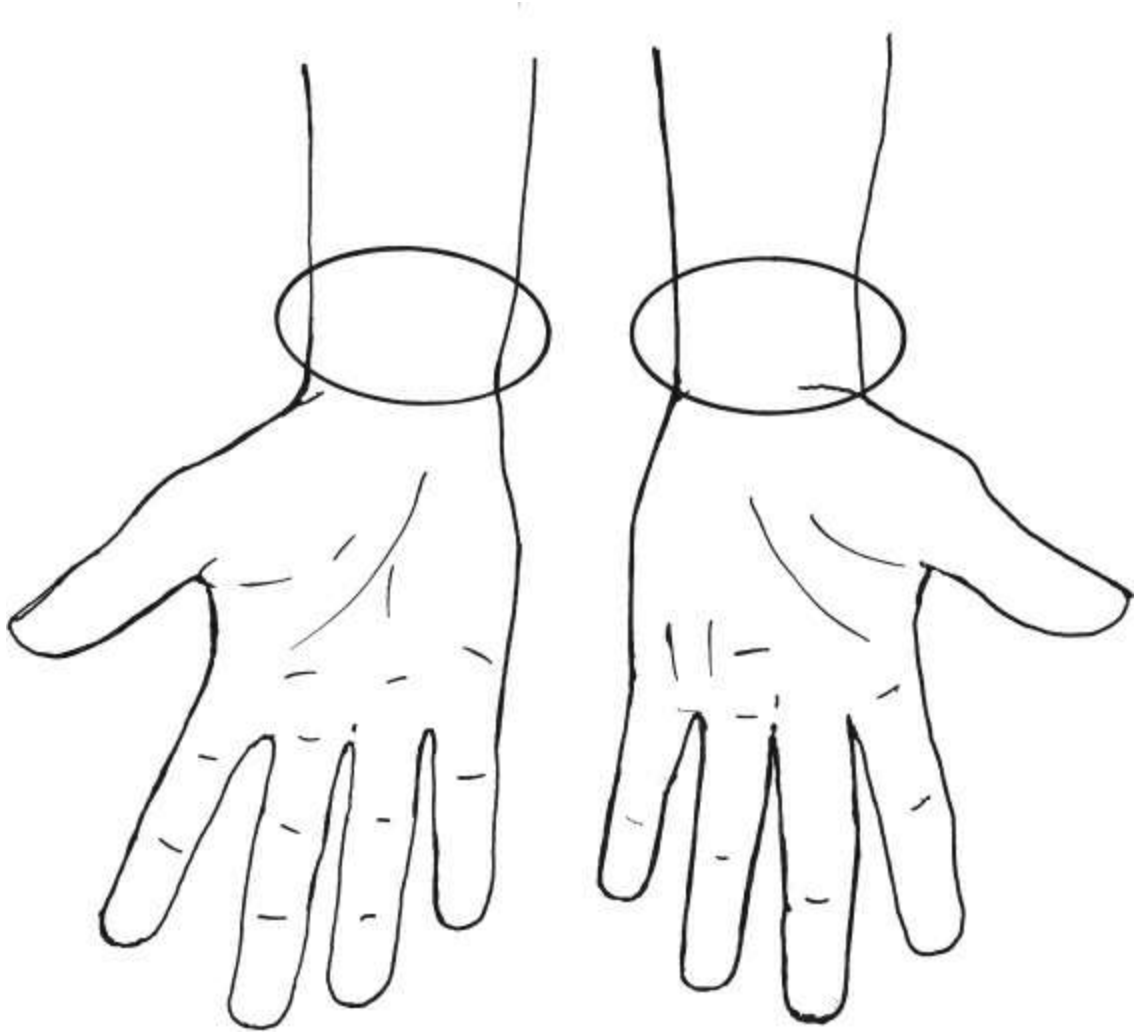


Figure 8.3. Körbler’s inflammation zone

In case of a disorder in the first (root) chakra, the adrenal gland is tested, and, if necessary, a corresponding healing symbol is applied. It is usually enough to synchronize the functions of the kidneys and the adrenal glands by drawing a vertical line by hand connecting the left and right kidneys and the left and right adrenal glands.

If there is disorder in the function of the second (sacral) chakra, the following points are to be tested and corrected:

- point 1 of the large-intestine meridian on both hands
- point 3 of the small-intestine meridian on both hands
- point 3 of the kidney meridian on both legs

In case of disorder in the third (solar plexus) chakra, the following points need to be corrected:

- point 27 of the kidney meridian on the left side
- point 6 of the spleen meridian on both legs

In case of disorder in the function of the fourth (heart) chakra, the following points need to be corrected:

- point 36 of the stomach meridian on both legs
- the reflex zone of the solar plexus on the right palm
- point 24 or 25 of the gallbladder meridian on the right side
- point 1 of the lung meridian on both sides
- Körbler's mycose point on the left side of the breast

In case of disorder in the function of the fifth (throat) chakra, the following areas need to be treated:

- the area of the thyroid gland
- the area of thoracic vertebrae 2 and 1, of cervical vertebrae 7, 6, 5 of the spine

In case of disorder in the function of the sixth (third-eye or brow) chakra, the following areas are affected:

- the area of cervical vertebrae 4 and 3

In case of disorder in the function of the seventh (crown) chakra, this area is involved:

- the area of the cranial nerves that issue from cervical vertebrae 2 and 1

But in the final count it is the state of the patient that discloses the acupuncture points that have to be tested and corrected. Sometimes it is not necessary to test all these points, and in other instances all are needed, and

further points and reflex zones need attention as well. We also need to test and treat scars that derive from an operation, accident, or injury.

After energetic harmonization with the healing symbols, we follow with an examination in which the patient is asked to again peruse the chakra pictures, and we record again the movement of the bioindicator. Experience indicates that chakra functions improve gradually, by one or two degrees at a time. If, for example, at the time of the first examination the energy state of the meridian points corresponding to a chakra function is vector 7 or vector 6, examination following correction with healing symbols may exhibit a state of vector 5. It may have turned from a high-intensity state of vector 5 into a low-intensity state of vector 5, as shown by the amplitude of the bioindicator's movement. It may, of course, happen that the chakra function becomes entirely satisfactory under the influence of the symbol or .

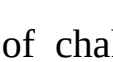
The next step is to find out what nutrition can help the organism. For this we must test its need for minerals (trace elements) and vitamins. I have found that deficiencies can be best corrected by complementary nutrients made of plant extracts (Pianto and Bio St. Joseph) and by certain algae products. (Over the past decades I have tested a number of complementary nutrients, and Pianto and Bio St. Joseph products have proved the most successful.) If, for instance, the function of the fifth (throat) chakra shows some disorder, we have to keep in mind the possibility that there is a deficiency of minerals and trace elements in the body. This needs to be tested to see to what extent algae products (spirulina, chlorella) and some iodine products can correct the chakra function.

The test procedure is as follows. The patient is asked to look at the chakra pictures. If we find unsatisfactory chakra functions, we have to find materials that carry more detailed information. These may also be homeopathic high-dilution substances.

In this phase we have to find the critical information that blocks the chakra function. We test for the deficient chakra function. While holding in his or her hand the materials so far selected (Pianto and Bio St. Joseph products, and/or homeopathic remedies), the patient is asked to again look at the appropriate chakra picture while we use the bioindicator to find the period in the patient's life in which the disorder arose. We do this by asking the patient to say aloud the age we are to test with the bioindicator. For instance, he or she is to say: "I am two months old," or "I am three years old," or "I am

ten years old.” When the bioindicator starts circling to the left, some event occurred in that age that the organism could not properly balance. This produced an energetic disorder that with the passing of time resulted in a functional disorder.

The patient may not remember suffering a troublesome event, yet the trauma could still have occurred at the age identified by the bioindicator. The chakra picture works like an antenna, so testing can reveal the critical age irrespective of whether or not it had become consciously known. In this testing we have to check a range of healing symbols, because both or, or even or , may reveal the information. To test for the correct healing symbol we ask the patient to look alternately at the healing symbol and at the chakra picture, and repeat the age we are to test. After a few minutes of observation, the bioindicator begins to move horizontally ↔. This movement tells us that the appropriate healing symbol has been selected and can change the information produced by the trauma. The number of days that are necessary to change this information, to permanently eliminate the disturbance from consciousness, can be determined by the same method. The usual time devoted to this practice is six to sixteen days, applied for four minutes twice daily, in the morning and evening. During this time the patient views the selected healing symbol and repeats aloud the age to be tested.

Hereafter we need only to enhance the effect by applying the . (The is able to confirm that the information has been corrected by the chakra therapy, and the  can enhance the effect of chakra therapy.) Also the number of days needed for enhancement can be determined. In the course of enhancement the patient looks at the , repeats the given age, or thinks of the trauma. He or she may also hold the middle and index finger of the left hand in the form of a , with the right palm above the right cranial hemisphere while thinking of the traumatic event and repeating the age at which it is thought to have occurred.

The most dramatic phase of the examination and the therapy begins when the patient takes into his or her hands the picture of the particular chakra that the bioindicator indicated with a negative response (moving counterclockwise: circling to the left). In most cases the patient enters into an altered state of consciousness where the censorship of consciousness is no

longer operating. Until this, the information of the trauma has been embedded in the deepest layers of the patient's mind even if the memory of it surfaced to consciousness. In this process the subject may have extraordinary experiences in the form of vivid images accompanied by bodily sensations. He or she may relive the shocking impact of the trauma, which may manifest itself in a variety of emotional and bodily reactions. In this case the patient needs considerable energetic and spiritual help from the healer. Fortunately these processes do not take long; after a few minutes the emotional and physical state of the subject is restored. The cathartic experience modifies the information so that practicing at home reinforces the corrected information. There is no danger in allowing the patient to practice by him- or herself.

It may happen that more than one traumatic age or event is found. I recommend starting with the earliest ones. The modification of the earliest information influences the ones that follow.

If the treatment of the first event leads to a cathartic experience, the treatment can only be carried forward when the information about the first event is fully modified and reinforced through repeated practice.

If in the course of the treatment there are no dramatic emotional or physical events experienced by the patient, the information of several malfunctions can be corrected. Yet the sequence of the events will have to be observed in the patient's practice; testing has to start at the earliest age and proceed stepwise from age to age. It may happen that it becomes unnecessary to correct the information of some of the later traumatic events.

Some case studies are detailed below.

Forty-Seven-Year-Old Woman, Mrs. O.Z.

She was extremely sensitive, restless in sleep, often waking up, having palpitations and unaccountable attacks of fear.

*After correcting her energetic state with healing symbols, she still needed spirulina and Bio St. Joseph products (Pianto and Bio St. Joseph N/S[*14]). Even after this, while she was viewing the crown chakra, the bioindicator continued to turn counterclockwise. The symbol* *proved suitable for modifying the information. She was asked to view this symbol*

for eight days, two or three times a day for three minutes, and think of her problems during the night.

Having performed the task, she reported wanting to go on with it but, on the ninth day, when starting the exercise, she felt that—as she put it—the symbol was "strong," her head started tingling and she decided to discontinue. At night she could sleep, she was relaxed, and her state had improved. Then she came for a control examination. Her state of health improved by her watching the for nine days several times a day and thinking of the problems she experienced during the night. Her state of health had then stabilized. She had no complaints after that, and could sleep well.

Thirty-One-Year-Old Man, Mr. Z.M., Craftsman, Entrepreneur

From time to time he had fears during the day and felt anxiety.

After correcting his energetic state with the healing symbols, the patient still needed spirulina and Bio St. Joseph products (Pianto and Bio St. Joseph T/A). However, the crown chakra made the bioindicator turn counterclockwise. With the symbol *, the chakra function stabilized. The patient viewed the image of the crown chakra together with the selected chakra image for seven days, twice a day for four minutes a time. After seven days the complaint discontinued. However, the checkup showed that three weeks of reinforcement with the* *were still necessary. Thereafter his state of health stabilized without requiring further treatment.*

Sixty-Year-Old Man, Mr. L.K., Writer

Had suffered from indigestion since childhood. The digestive system was the weakest point in his organism. He still had this complaint when he came to consult us. A week before he had lunch with his family in a restaurant and was the only one to fall ill. He had had acute indigestion ever since.

The problem was solved with the help of chakra therapy. In the following we give a detailed description of the consecutive steps of the diagnosis and therapy.

The examination with the first set of chakra pictures yielded the following result:

The function of the first (root) chakra was satisfactory, yet not stable.

In the case of the second (sacral) chakra the bioindicator moved vertically: the chakra function was not satisfactory.

The function of the third (solar plexus) chakra was satisfactory, though it, too, was not stable.

The function of the fourth (heart) chakra was not satisfactory, as shown by the vertical movement of the bioindicator.

The function of the fifth (throat) chakra was satisfactory.

When examining the sixth (brow) chakra, the bioindicator circled leftward indicating a serious disorder in the chakra function.

The function of the seventh (crown) chakra was satisfactory.

As an interesting feature, let us mention that though the patient came with complaints of indigestion, the chakra function of the digesting organs was not the one that showed the most disturbance.

As a next step, healing symbols were applied as follows:

- *the symbol* *was drawn on point 1 of the large-intestine meridian*
- *on both hands;*
- *the symbol* *was drawn on point 3 of the kidney meridian on both legs;*
- *the symbol* *was drawn on both sides of the issuing point of the spinal nerve at the 2nd lumbar vertebra;*
- *the symbol* *was drawn on point 27 of the kidney meridian;*

- *the symbol* *was drawn on point 6 of the spleen meridian on both legs;*
- *the symbol* *was drawn on point 36 of the stomach meridian on both legs;*
- *the symbol* *was drawn on point 34 of the gallbladder meridian on the right side;*
- *the symbol* *was drawn on point 6 of the lung meridian on both sides.*

This was followed by a further test with the chakra pictures. The function of the root chakra was satisfactory yet unstable, and that of the sacral and solar plexus chakras had become satisfactory, though remained likewise unstable. On testing the brow chakra the bioindicator still turned counterclockwise. The symbol Y was drawn on both adrenal glands.

During the third test, after stabilizing the adrenal glands, the function of the root chakra and that of the solar plexus chakra were satisfactory, but on testing the brow chakra the bioindicator still circled to the left.

Then we looked for the source of infection in the large intestine. On taking in his hand the nosode Staphylococcus M and the Pianto, all chakra functions became satisfactory. However, the nosode cures current states only. The next task was to find the deeper cause of the digestive system's disorder.

The subject said that he had a constantly recurring uneasy dream. He was asked to think of this dream while being tested with the chakra pictures. On thinking of this dream the leftward circling was observed only in the case of the sixth (brow) chakra. The function of the fifth (throat) chakra was not satisfactory; the rod was moving vertically.

In the next step the subject was tested along the psychomeridian while he was again looking at the chakra pictures. On watching the fifth chakra picture the bioindicator was found to be moving vertically when the patient repeated being at the age of 3, while on watching the sixth chakra the

bioindicator circled counterclockwise at the ages of 7, 14, 15, 16, 29, and 41 years.

This was followed by another test: the patient was asked to release from his hand the nosode Staphylococcus M. *The bioindicator had circled counterclockwise when the subject had been looking at the second and the fourth chakras while locating himself at the ages of 3 and 7 years. We then regressed him further. The first leftward circling along the psychomeridian was observed at the age of lactation. We tested what effect various foods ingested during lactation had on the organism. On "fruit" the bioindicator moved vertically while on "cow's milk" it began to turn violently counterclockwise. Thus milk was the deeper cause of his digestive disturbances.*

Naturally, this account could only summarize and highlight the emotional and physical states as they issue from the deepest layers of consciousness. The set of experiences in infancy responsible for the digestive troubles had surfaced and become accessible. Usually it is not one single cause but a complex system of causes that prevents consciousness from maintaining the equilibrium of the immune system. This failure leads to an imbalance of the energy field. Fortunately, the healing symbols reach the experiences stored even in the deepest layers of consciousness. In the case of the present subject the symbol *proved suitable for modifying the relevant information. The subject had to look at this symbol for nine days, for three minutes, morning and evening.*

Thanks to the application of the full therapy (two doses of Staphylococcus M *taken twelve hours apart, Pianto taken daily for a long time, and watching the symbol* *for nine days) the digestive complaints ceased, and the uneasy dreams did not recur*.

Summary

Chakra diagnosis can identify disorders in a person’s morphic pattern and can create the treatment indicated by that pattern. We interpret the events of our life in order to understand how a given critical event affected the integrity of our being. With the help of healing symbols we correct the effect of traumatic events, and thereby eliminate their debilitating impact.

Following the elimination of the negative effects of our life history, the self-healing mechanism of the organism enters into play. As a result, symptoms that may have weighed on our health and well-being for years will then disappear.

PART III

Further Support for Nonlocal Healing

9

Intuition and Nonlocal Communication

All the information that we gain and convey through communication beyond the sensory organs falls into the category of *nonlocal communication,* and is therefore outside the scope of science as it is commonly understood. Such ways of communication include *telepathy, remote viewing,* and various forms of *nonlocal healing*.

EXAMPLES OF HEALING THROUGH EVERYDAY INTUITIONS

All of us are aware of intuitions that manifest in our everyday life. We intuitively feel the joy or sadness of people who are close to us, or their intent toward us. For example, the phone starts ringing and our partner, child, or parent calls us at exactly the same time when we start thinking about them; or perhaps we have a dream that reveals to us how they are doing.

A friend of mine told me that although she does not believe much in telepathic phenomena, she still notices when they happen to her. On more than one occasion she had been thinking about a friend she hadn't seen for years, wondering how he might be doing, when the phone rang and it was that friend calling.

My mother had great intuition, but I was still amazed when one morning she said:

"I had a dream that Andras had a son." (Andras was a longtime friend of the family.) We called Andras—we were not in daily contact with him and

hadn’t heard from him in a while—with the “dream news.” His voice was beaming with joy when he said: “Yes, Aunt Maria. My son was just born.”

Our intuitions can also help us out in important work-related events. It happens to us all the time that we suddenly remember to take care of some important business exactly when it becomes timely. These events are important to us, and it is precisely because of the right timing that they will have a successful outcome. It appears sometimes as if an invisible organizing force is directing our thoughts.

A few years ago I woke up at around 3:30 in the morning, and my mind was unusually alert. I heard a loud thump almost immediately, as if something had fallen. I was wondering which apartment in our three-story building the noise came from and what could have caused it. I came out of my ground-floor apartment immediately to check on the situation. The stairwell was quiet. I went up to the first floor where my mother lived, and I entered her place. I found my mother lying on the floor. When I am traveling, I can always feel if my mother has fallen ill and needs help. I send her help via nonlocal treatments, and her condition improves.

For many years now, I have been waking up in the morning or at the break of dawn with the next step in the healing of a patient coming into my mind. The name of the patient appears with the remedy or treatment he or she needs. If a homeopathic treatment is indicated, the appropriate remedy comes to mind, usually with the required potency. I can usually identify the correct remedy for a patient even if he or she hasn’t consulted me directly but has instead consulted a healer who then called me for advice, giving me the name of the patient and the nature of the problem.

Sometimes the healing information intended for a patient of mine gets redirected to a healer friend. Erzsebet—who has studied in Tibet and is a master of healing through the use of traditional Tibetan symbols[*15] (a discipline that I have studied with her)—would often call me on the telephone. She called one morning as I was getting ready to leave. She told me which Tibetan healing symbol I should apply that day. All day I was wondering why she would have said this to me. In the evening I took my bioindicator and began searching for an answer. A close relative, who lives 200 kilometers from me, appeared in my mind. He was not well and asked for help. The symbol Erzsebet gave me was this relative’s remedy. The next morning I thanked Erzsebet for her guidance. At this time she was in a hurry,

but nevertheless she brought another symbol to my attention. That night I searched for the person who would need this particular symbol and realized that it was the same person. Both the first and the second symbols proved of vital help, as my relative was in a rather poor condition at the time.

Family members or lovers who are emotionally connected but temporarily live apart can feel without explicit communication any important emotional or physical changes in the other, and they know if the other has fallen ill. They sometimes have the same dream at exactly the same time, which they find out later during a phone call. On one occasion my partner was away on a trip when I fell unexpectedly ill. I had a fever of 104–105°F (40–41°C) for about five to six days when my partner had a dream that I passed through the eye of the needle; in the dream he found peace and was happy that I finally managed to get better. When we spoke on the phone the next day, we found that my temperature had gone down just at the same time that he had the dream; I immediately started feeling better, and I fully recovered a short while after that.

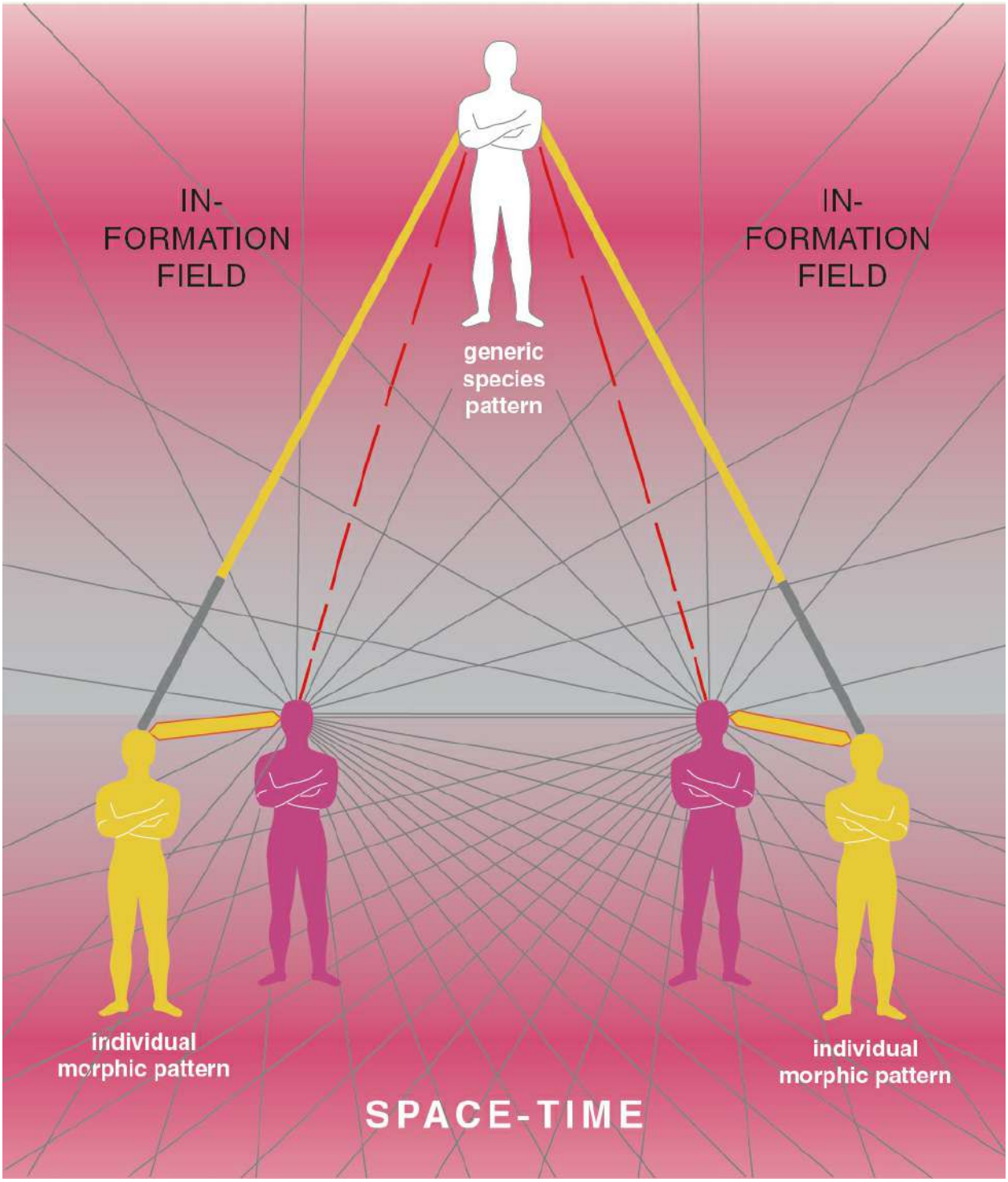


Plate 1. The Basic Template of Nonlocal Healing. Every individual has his or her own morphic pattern. The morphic pattern of the individual interacts with the morphic pattern of other individuals within the information field. These interactions shape and ultimately constitute the information pattern of the

species as a whole. This pattern is generic for all individuals within the species. I call this pattern the “generic species pattern.”

Plate 2. Chakra 1, the root chakra

Plate 3. Chakra 2, the sacral chakra

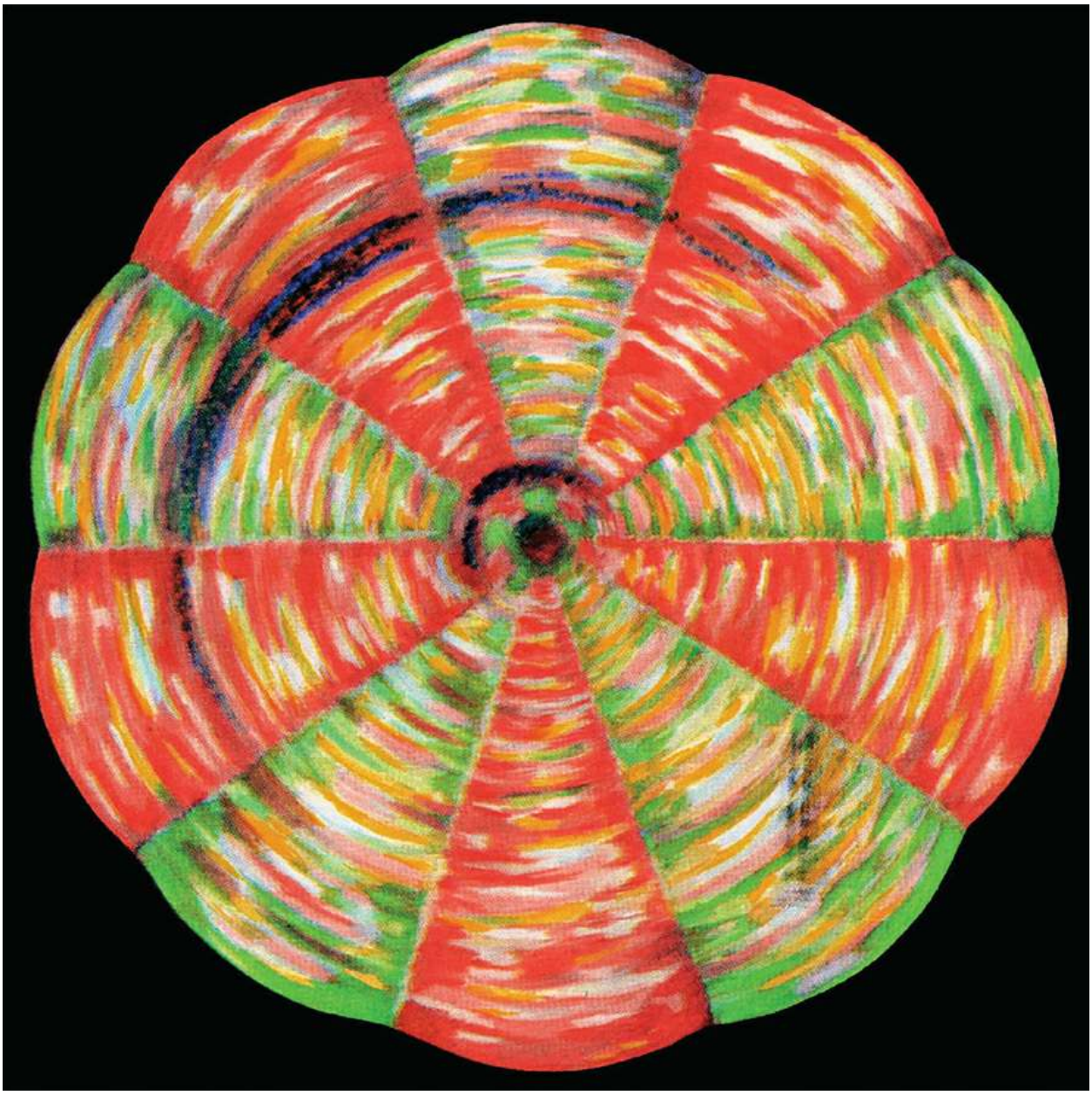


Plate 4. Chakra 3, the solar plexus chakra

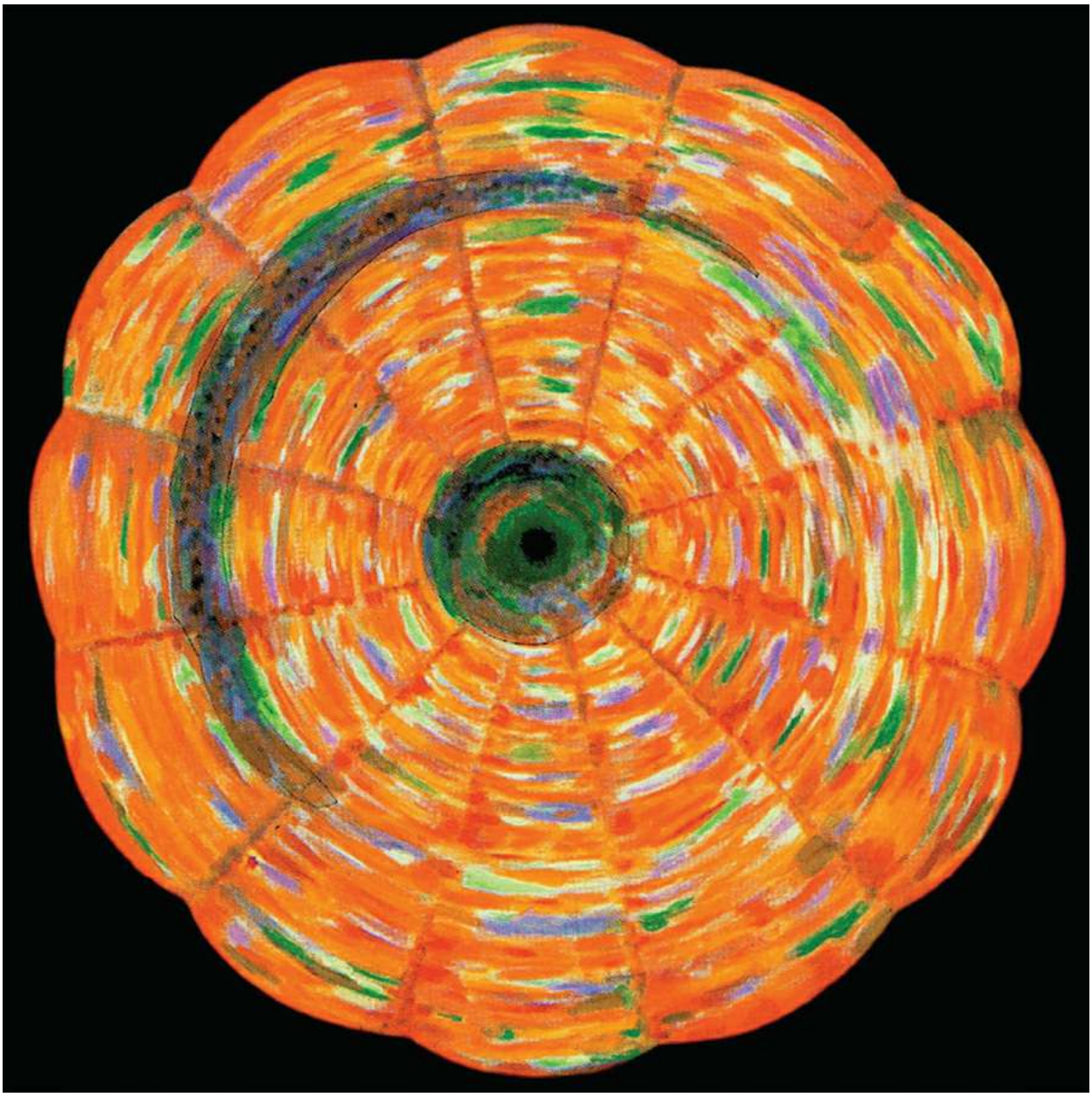


Plate 5. Chakra 4, the heart chakra

Plate 6. Chakra 5, the throat chakra

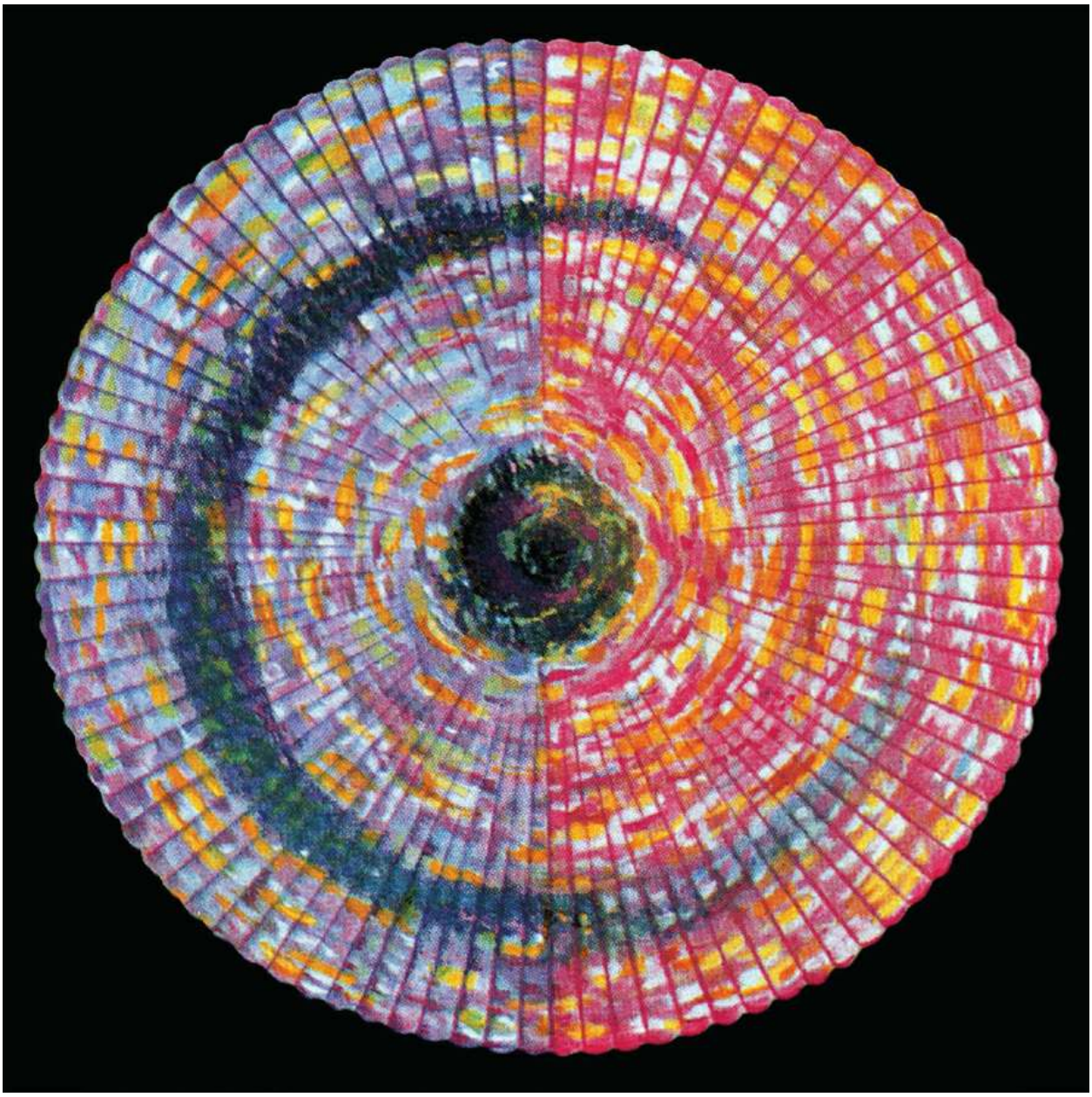


Plate 7. Chakra 6, the third eye chakra

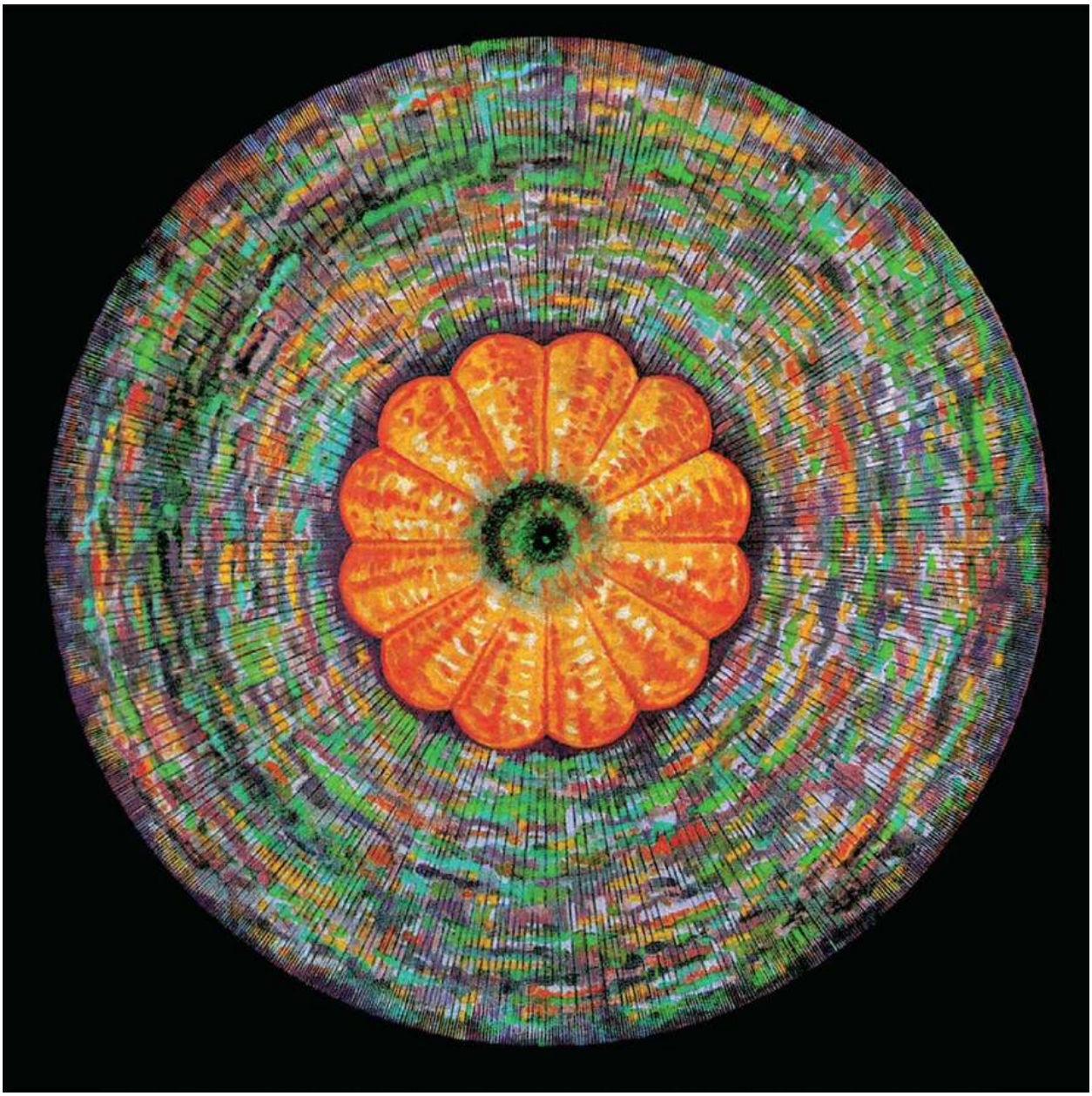
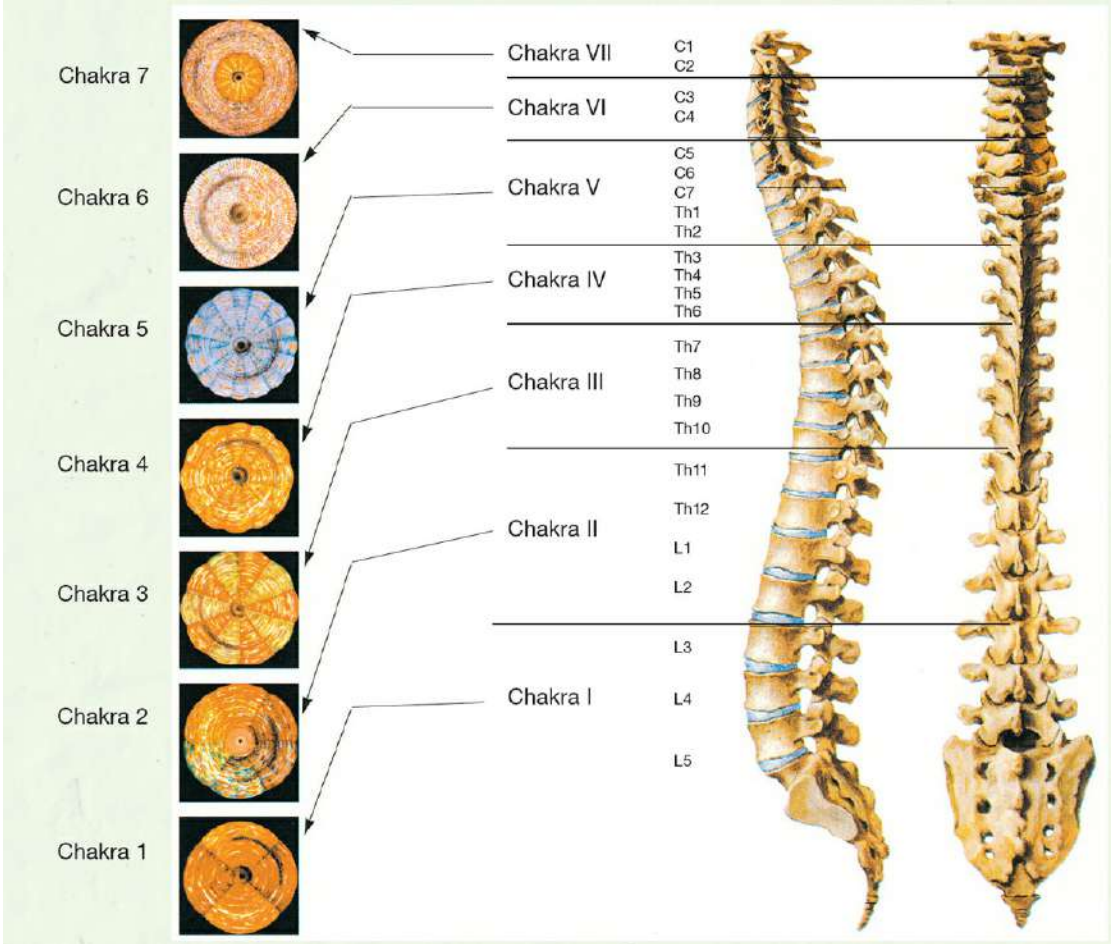


Plate 8. Chakra 7, the crown chakra

Plates 2 through 8 were drawn by Rev. Edward Warner for C. W. Leadbeater's book *The Chakras*, first published in 1927.


Chakra 7
Chakra 6
Chakra 5
Chakra 4
Chakra 3
Chakra 2
Chakra 1
Chakra VII
Chakra VI
Chakra V
Chakra IV
Chakra III
Chakra II
Chakra I
C1
C2
C3
C4
C5
C6
C7
Th1
Th2
Th3
Th4
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L4
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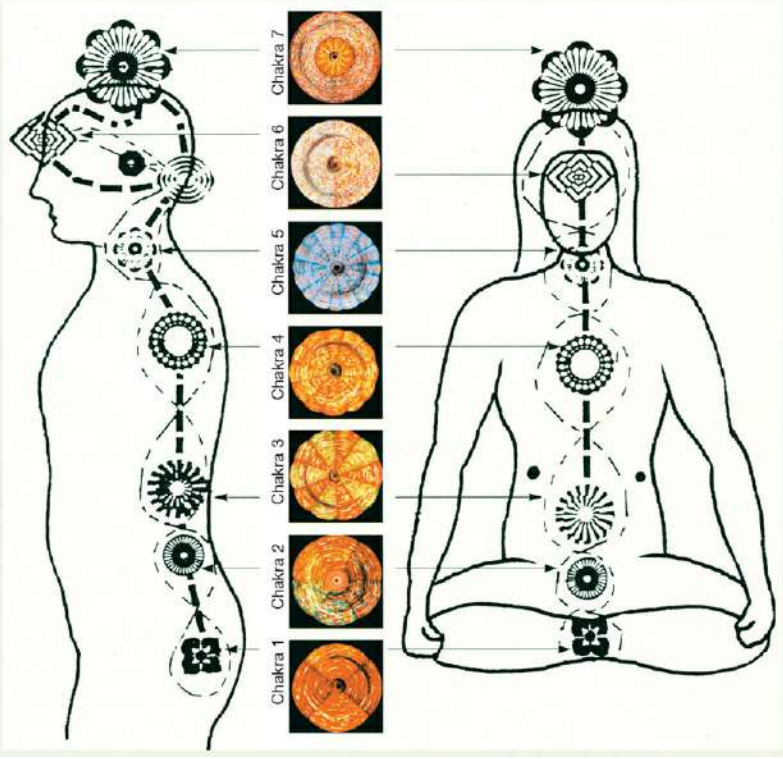
Chakra 7
Chakra 6
Chakra 5
Chakra 4
Chakra 3
Chakra 2
Chakra 1

Plate 9. The relationship between the various chakras and the vertebrae. The figure shows the bodily location of the seven chakras and the seven images used in nonlocal healing (based on the drawings of Rev. Edward Warner for C. W. Leadbeater's book *The Chakras*, first published in 1927).

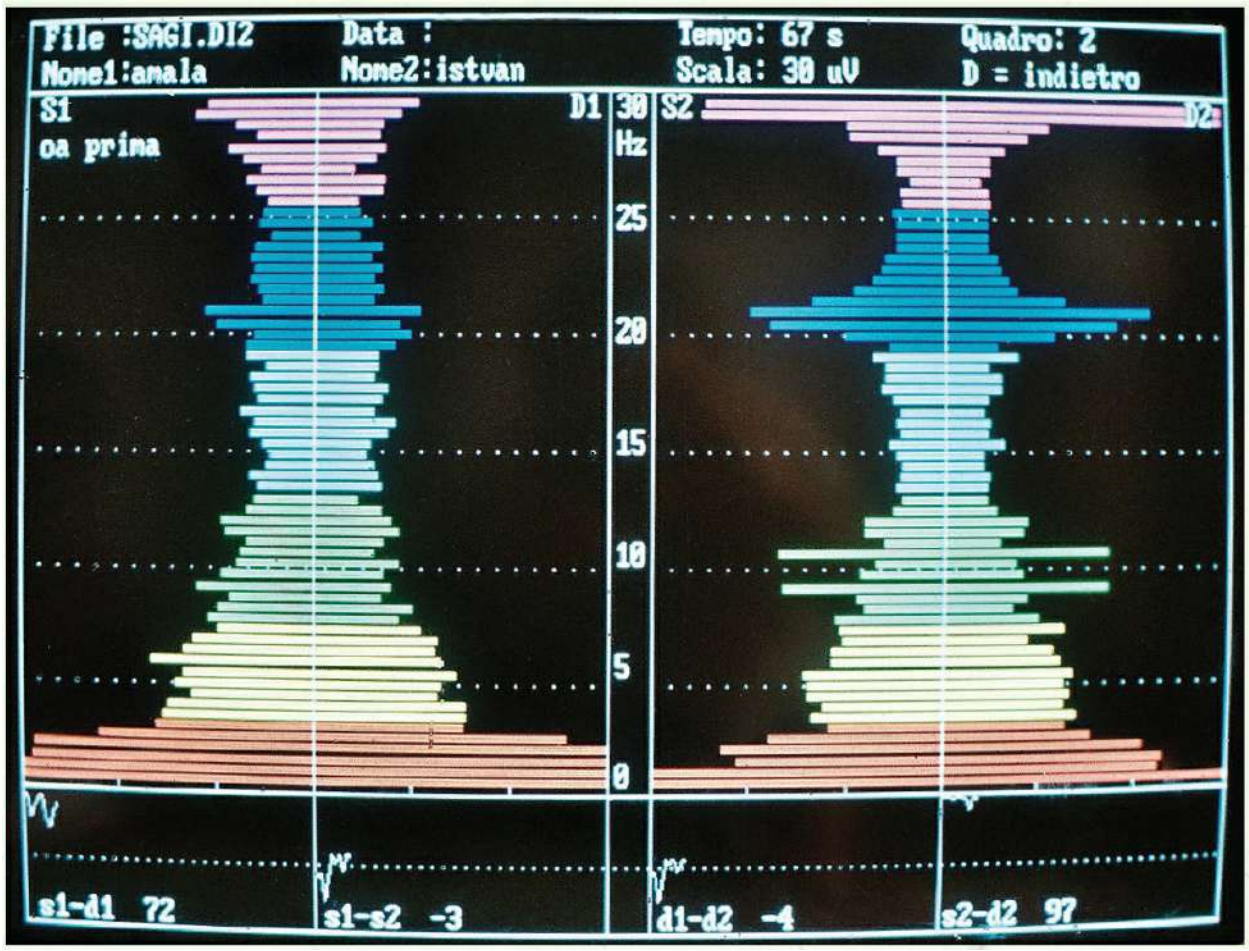

Plate 10. In an experiment, the EEG waves of the subject's brain and the healer's brain were measured to determine synchronization between left and right brain hemispheres. In each image, the left side of the plate shows the synchronization level of the left and the right hemisphere of the subject. The right side of the plate shows the synchronization level of the healer. S1 is the left hemisphere and D1 is the right hemisphere of the subject. S2 and D2 represent the left and right hemisphere of the healer. Synchronization is shown when

the horizontal lines projecting from the centered vertical white line are equal to the left and to the right (representing the left and the right brain hemisphere). At the beginning of the experiment, the healer's brain hemispheres measured at synchronized levels consistent with deep meditation at 97 percent. The patient's synchronization level was 35 percent, and this corresponds to the alert state of brain. After a few minutes of Sagi chakra therapy, the subject's level of synchronization between hemispheres increased to 72 percent, and the healer's remained at 97 percent.

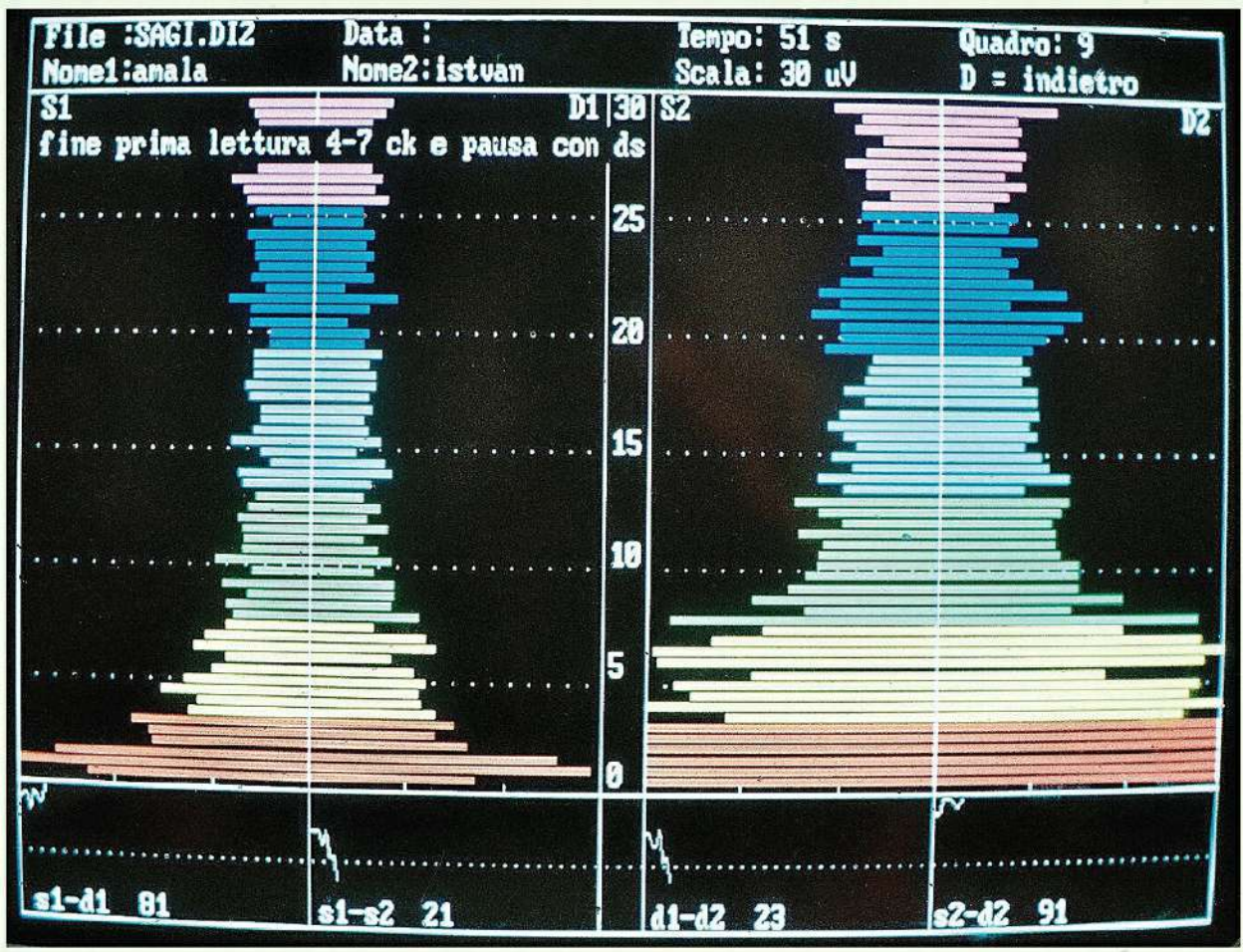

Plate 11. The subject's level of synchronization between left and right hemispheres continued to increase to 81 percent. The healer's decreased to 91 percent.

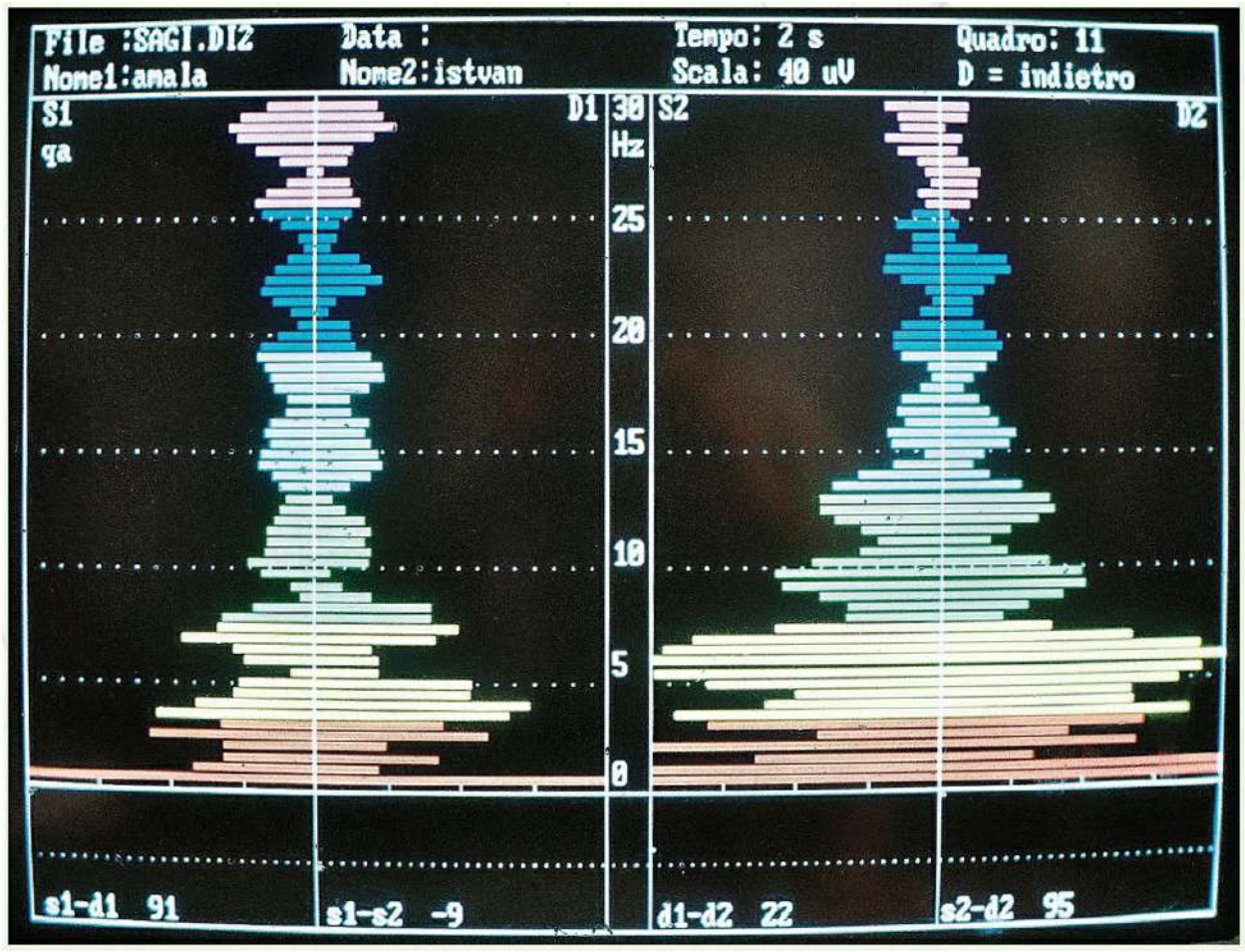

Plate 12. After ten more minutes, the subject's level of synchronization between brain hemispheres reached 91 percent. The healer's reached 95 percent. The high level of synchronization of the healer's and the subject's EEG values showed that chakra therapy produces measurable physiological effects.

AN OVERVIEW OF NONLOCAL INFORMATION TRANSMISSION[1]

Conservative investigators tend to insist that people can communicate only through gestures, facial expressions, and by means of language, that is, in the "standard modes." There is evidence, however, that communication can take place also in decidedly nonstandard modes. Insofar as these involve the sending and receiving of messages beyond the range of eye and ear and other

sense organs, they come under the heading of nonlocal communication. Such communication seems to involve some form of extrasensory perception (ESP).

Telepathy

Telepathy, the most common form of ESP, may have been widespread in so-called primitive cultures. It appears that in many tribal societies shamans were able to communicate telepathically, using a variety of techniques to enter the altered states of consciousness that seem required for it, including solitude, concentration, fasting, as well as chanting, dancing, drumming, and the use of psychedelic herbs. Not only shamans but entire tribes seem to have possessed the gift of telepathy. To this day, many Australian aborigines appear to be informed of the fate of family and friends, even when out of sensory communication range with them. Anthropologist A. P. Elkin noted that a man, far from his homeland, "will suddenly announce one day that his father is dead, that his wife has given birth to a child, or that there is some trouble in his country. He is so sure of his facts that he would return at once if he could."

Aside from anthropological data, largely anecdotal and unrepeatable, scientific evidence for various kinds of transpersonal *contact* and communication comes from laboratory research based on controlled experiments.

The scientific investigation of ESP dates back to J. B. Rhine's pioneering cardand dice-guessing experiments at Duke University in the 1930s. Recently experiments have become more sophisticated, and experimental controls more rigorous; physicists have often joined psychologists in designing the tests. Explanations in terms of hidden sensory cues, machine bias, cheating by subjects, and experimenter error or incompetence have all been considered, but they were found unable to account for a number of statistically significant results.

In the 1970s two physicists, Russell Targ and Harold Puthoff of the Stanford Research Institute, carried out some of the best-known experiments on thought and image transference. They wished to ascertain the reality of telepathic transmission between different individuals, one of whom would act as "sender" and the other as "receiver." The scientists would place the

receiver in a sealed, opaque, and electrically shielded chamber, and the sender in another room where he or she was subjected to bright flashes of light at regular intervals. Electroencephalograph (EEG) machines would register the brain-wave patterns of both. As expected, the sender exhibited the rhythmic brain waves that normally accompany exposure to bright flashes of light. But after a brief interval the receiver also began to produce the same patterns, although he or she was not exposed to the flashes and was not receiving sense-perceivable signals from the sender.

A particularly striking example of this kind of communication is the work of Jacobo Grinberg-Zylberbaum at the National University of Mexico. In more than fifty experiments performed over the past five years, Grinberg-Zylberbaum paired his subjects inside soundand electromagnetic-radiation-proof "Faraday cages." He asked them to meditate together for twenty minutes. Then he placed the subjects in separate Faraday cages where one of them was stimulated and the other not. The stimulated subject received stimuli at random intervals in such a way that neither he or she, nor the experimenter, knew when they were applied. The non-stimulated subject remained relaxed, with eyes closed, instructed to feel the presence of the partner without knowing anything about his or her stimulation.

In general, a series of one hundred stimuli were applied—flashes of light, sounds, or short, intense but not painful electric shocks to the index and ring fingers of the right hand. The EEG of both subjects was then synchronized and examined for "normal" potentials evoked in the stimulated subject and "transferred" potentials in the non-stimulated subject. Transferred potentials were not found in control situations where there was either no stimulated subject or when a screen prevented the stimulated subject from perceiving the stimuli (such as light flashes) or else when the paired subjects did not previously interact. However, in experimental situations with stimulated subjects and with interaction, the transferred potentials appeared consistently in some 25 percent of the cases. A particularly poignant example was furnished by a young couple deeply in love. Their EEG patterns remained closely synchronized throughout the experiment, testifying to their report of feeling a deep oneness.

In a limited way, Grinberg-Zylberbaum could also replicate his results. When a subject exhibited the transferred potentials in one experiment, he or she usually exhibited them in subsequent experiments as well.

Grinberg-Zylberbaum's experiment is not unique: in the past several years it has been matched by hundreds of similar experiments. They provide significant evidence that identifiable and consistent electrical signals occur in the brain of one person when a second person, especially if he or she is closely related or emotionally linked, is meditating, provided with sensory stimulation, or attempts to communicate with the subject intentionally.

Nonlocal experiences also occur outside the laboratory; they are particularly frequent among identical twins. In many cases one twin feels the pain suffered by the other, and is aware of traumas and crises even if he or she is on the other side of the world. Besides "twin pain," the sensitivity of mothers and lovers is equally noteworthy: there are countless stories of mothers having known when their son or daughter was in grave danger or was actually involved in an accident.

Transpersonal contact is not limited to twins, mothers, and lovers—the kind of closeness that a therapeutic relationship creates between therapist and patient also seems to be sufficient. A number of psychotherapists have noted that, during a session, they experience memories, feelings, attitudes, and associations that are outside the normal scope of their experience and personality. At the time these strange items are experienced they are indistinguishable from the memories, feelings, and related sentiments of the therapists themselves; it is only later, on reflection, that they come to realize that the anomalous items stem not from their own life and experience but from their patient's.

It appears that in the course of the therapeutic relationship some aspect of the patient's psyche is projected into the mind of the therapist. In that location, at least for a limited time, it integrates with the therapist's own psyche and produces an awareness of some of the patient's memories, feelings, and associations. (The inverse can also take place: patients can obtain undisclosed details of the life and personality of their therapist.) Known as "projective identification," the patient-to- therapist transference can be useful in the context of analysis: it can permit the patient to view what was previously a painful element in his or her personal consciousness more objectively, as if it belonged to somebody else.

Remote Viewing

The psychotherapeutic experience, together with the experience of twins and lovers and a wide variety of subjects in controlled experiments, raises another intriguing question. Could it be that most people—and not just specially gifted sensitives—have the ability to "enter" into the brain and mind of another person, especially if they are related or emotionally close?

The transference of feelings and associated memories and attitudes is not the only kind of transpersonal contact and communication for which there is significant evidence. Another variety involves the transmission of images.

In addition to thought-transference experiments, Targ and Puthoff have also conducted so-called "remote viewing" tests. In these experiments sender and receiver are separated by distances that preclude any form of sensory communication between them. At a site chosen at random, the sender acts as a "beacon"; the receiver then tries to pick up what the beacon sees. To document his or her impressions, the receiver gives verbal descriptions, at times accompanied by sketches. In Targ and Puthoff's experiments independent judges found that the descriptions of the sketches matched on average 66 percent of the time the characteristics of the site that was actually seen by the beacon.

Remote-viewing experiments reported from other laboratories involved distances from half a mile to several thousand miles, regardless of where they were carried out, and by whom, and the success rate was generally around 50 percent—considerably above random probability. The most successful viewers appeared to be those who were relaxed, attentive, and meditative. They reported that they received a preliminary impression as a gentle and f leeting form that gradually evolved into an integrated image. They experienced the image as a surprise, both because it was clear and because it was clearly elsewhere.

Images can also be transmitted while the receiver is asleep. Over several decades, Stanley Krippner and his associates carried out "dream ESP experiments" at the Dream Laboratory of Maimondes Hospital in New York City. The experiments followed a simple yet effective protocol. The volunteer, who would spend the night at the laboratory, would meet the sender and the experimenters on arrival and have the procedure explained to him or her. Electrodes were then attached to the volunteer's head to monitor brain waves and eye movements; there was no further sensory contact with the sender until the next morning. One of the experimenters would throw dice

to determine a random number that corresponded to a sealed envelope containing an art print. The envelope was opened when the sender reached his or her private room in a distant part of the hospital. The sender then spent the night concentrating on the print.

The experimenters woke the volunteers by intercom when the monitor showed the end of a period of rapid-eye-movement (REM) sleep. The subject was then asked to describe any dream he or she might have had before waking. The comments were recorded, as were the contents of an interview the next morning when the subject was asked to associate with the remembered dreams. The interview was conducted double-blind—neither the subject nor the experimenters knew which art print had been selected the night before.

Using data taken from the first night that each volunteer spent at the dream laboratory, the series of experiments between 1964 and 1969 produced sixty-two nights of data for analysis. They exhibited a significant correlation between the art print selected for a given night and the recipient's dreams on that night. The score was considerably higher on nights when there were few or no electrical storms in the area and sunspot activity was at a low ebb—that is, when the earth's geomagnetic field was relatively undisturbed.

Stephan Schwartz, an experimentalist who has been studying consciousness for over four decades, described therapeutic intention (TI) in a way that I think is particularly apposite to the point I am making. In thinking about therapeutic intention—healing prayer in religious terms—I can do no better than to quote Stephan Schwartz's paper "Therapeutic Intention: Into the Next Generation,"[2] which I present here, with his permission, and in a slightly edited form, with questions and inserted subject headings in boldface.

THERAPEUTIC INTENTION: INTO THE NEXT GENERATION

Stephan A. Schwartz

Is it conceivable that under suitable conditions one person can send images directly into the mind of another?

In the second decade of the 21st century I think an open-minded

assessment says we crossed the threshold; therapeutic intention is real and nonlocal. [. . .] These human studies are how we know TI is not magical thinking, but a fairly robust nonlocal intention effect.

Now on the other side of the threshold I think the relevant question is: what do we know about TI? [. . .]

In 2015, English researcher Chris Roe headed a team that searched eight major medical databases—Swets-wise, ASSIA, PsychNET, Web of Science, Cochranel Library, British Nursing Index, Cinahl FullText, and Informaworld. They restricted themselves only to studies published in the English language. All the studies had to "examine the effects upon a biological system of the explicit intention to improve the well-being of that target."[. . .] They concluded: "Results suggest that subjects in the active condition exhibit a significant improvement in wellbeing relative to control subjects under circumstances that do not seem to be susceptible to placebo and expectancy effects. Findings with the whole human database suggest that the effect is not dependent upon the previous inclusion of suspect studies and is robust enough to accommodate some high profile failures to replicate."[. . .]

How does nonlocal intention operate?

To answer that I want to focus on some earlier studies that are simpler because their simplicity in this instance is of benefit. For the most part, these are not human studies with all of the complexities such high order mammalian systems entail. These are simple studies using fungus, or bacteria, or simpler mammal systems like mice and, I suggest, they provide insights into how TI works, and what variables we can use to increase its effectiveness. I want to stress that I could have offered dozens of other studies, but chose these because they made clear points.

Let's start very small. In 1968, research physician Jean Barry of L'Institut Métapsychique carried out an experiment using Violet Tooth fungus cultures which had been cultivated under optimal conditions: 10 petri dishes with the culture for each participant. It became a total of 195 dishes. There were 10 participants, each of whom carried out nine sessions expressing TI. Their task was to

inhibit the growth of the fungus cultures. To do this they concentrated for 15 minutes from a distance of about four feet (1.2 m) away, never touching the cultures. After TI treatment 151 showed retarded growth.[3]

What makes this study particularly interesting is that while most therapeutic intention studies are focused on improving the function of the organism that is the target of the intention, a number of studies successfully measure a negative effect, showing that Therapeutic Intention works both ways. [. . .]

For millennia, [. . .] negative TI was recognized. Voodoo's evil eye, the concept of curses; there are hundreds of cultural variants of the concept that the consciousness of one person could negatively affect the well-being of a target organism. The echoes of this earlier time are still with us.

In 1973, Icelandic researchers Erlendur Haraldsson and Thorstein Thorsteinsson carried out a study of yeast. Two hundred and forty test tubes were prepared, and randomly distributed into two populations, 120 to be the target of TI and 120 to be controls. Seven participants, a cohort made up of one physician who believed in healing (TI), two people who defined themselves as being healers, and four naïve students with neither experience nor interest in TI, took part in the study. Their task was to increase the growth of yeast cultures in test tubes "by the mental method of (their) choice."

The physicians and the spiritual healers produced quite significant results ($P < .00014$). The students produced chance results.[4]

I think this is a second lesson about variables that can affect outcome: The attitudes and expectations of all those in a study involving nonlocal consciousness become linked in a contract of intent. This has been found to be true in all nonlocal performance tasks—remote viewing, presentiment, nonlocal perturbation of random number generators (RNGs), and the like.

Similarly, those who develop the discipline of attaining and sustaining intentioned focused awareness do better than those who do not. As an example, study after study shows meditators do better than non-meditators.

Distance is not a factor in expressing TI

In 1981, William Tedder and Melissa Monty did a replication of Barry's fungal study in 1968. This time the participants were 1–15 miles from the site where the yeast cultures were kept. In 16 of 16 trials they were successful. [. . .][5]

Long-term effects

In 1982, and again in 1984, biologist and parapsychologist Carroll B. Nash at St. Joseph's College carried out two studies using a particularly elegant protocol. He recruited 60 participants from the university community, and asked them to alter the ability of a strain of bacterium, *Escherichia coli,* contained in test tubes to use lactose by changing its known mutation rate in a designated way, either from "lactose negative" to "lactose positive" or the other way round. The bacteria mutated in the desired direction. The controls showed no influence.[6,7]

Nash's work stands out because it tells us that not only can TI achieve a psychophysical effect immediately, it can also fundamentally change mutation, which means long-term effects.

Can TI alter the DNA of another organism?

Quantum biologist Glen Rein took Nash's work to its logical conclusion and asked: Can TI alter the DNA of another organism? [. . .]

He found that these results indicate that focused human intention can influence the growth of tumor cells by modulating the rate of DNA synthesis. [. . .]

Brenio Onetto and Gita Elguin at the University of Chile added another piece to the puzzle. In a study they did in 1966 they injected 60 mice with a tumoral solution. The mice were randomly assigned to one of two populations, treated or control. The treated half were the focus of intentioned awareness. The intention was to negatively affect the growth and development of the tumors by daily healing treatments. [. . .]

William Bengston and David Krinsley in the year 2000 took the demonstration of mutation and evolution another step forward. In their study 29 of 33 experimental mice (87.9%) were cured of cancer versus 18 of 26 site control mice (69.2%) and zero of eight off-site controls.

But here is the important part. Later reinjections of tumor cells in the treated and cured mice did not take effect. The mice did not get cancer. The researchers reported, "the mice retain immunity to the same cancer after remission."[8]

The role of telomeres[*16]

All of this research puts one in mind of a 2008 study for which Dean Ornish was the Principal Investigator. The protocol called for men with diagnosed prostate cancer to go on a vegan diet, while receiving stress management training, doing aerobic exercise, and participating in a support group of other men with prostate cancer for three months. The assessment was telomerase activity. They chose this because telomerase is the enzyme that maintains telomeres by adding DNA to the ends of our chromosomes.[9]

In 2013, Ornish did a second follow-up study also using men with prostate cancer and found once again that these life-affirming lifestyle interventions are associated with longer telomeres. [. . .]

Intentioned focused awareness

[Schwartz concluded by affirming that he thinks that] all this research is telling us that through our own intentioned focused awareness we can control our physical beings down to the DNA level, even when there is no real cognitive awareness of how that might be accomplished. And this is further supported by thousands of placebo drug trials, in which 35–40 percent of participants get a result as good as or better than those taking the medication.

It also appears that this same effect down to the DNA level can be produced by one organism focusing therapeutic intention on another.

PERSONAL EXPERIENCES OF NONLOCAL COMMUNICATION

All my holistic physician and healer friends practice some form of nonlocal healing, each using his or her own preferred technique. We regularly support each other—usually over the phone—with each of us contributing on the basis of our area of expertise (homeopathy, the Körbler method, Prananadi, crystal healing, and other modalities).

The following example shows that functional energy harmonization is often necessary, even in simple cases, in order to achieve wellbeing. My Italian friends, a couple on a macrobiotic diet, were visiting friends of theirs in Sicily. Their hosts took them to a magnificent, organic orange grove. As it was getting late, they decided to have freshly pressed orange juice instead of dinner, to the pleasure of their hosts. On that pleasant, warm, late-summer evening, they had one glass of orange juice after another, and at around 10:30 p.m., the husband suddenly felt sick, showing symptoms of excessive production of stomach acid. He felt so weak that he called me at that late hour to ask me what to do. (According to macrobiotic teachings and practice, the recommended amount of freshly pressed juices is equivalent to the amount of fruit we would happily consume. One liter of orange juice is made from 2.5 to 3 kilograms of oranges on average, which is certainly more than the optimal amount.) I suggested that he should drink some water with salt or baking soda to counterbalance the acidity, and I applied symbol healing on the affected areas with nonlocal healing. Both the stomach and the large-intestine meridians showed disharmony. I used a symbol of four horizontal parallel lines on the stomach meridian and a symbol of three horizontal parallel lines and a Y on the large-intestine meridian from 11:00 p.m. until 5:00 a.m. the next morning (see chapter 6 for more on the symbols).

I am fortunate to have such exceptionally helpful colleagues. Another friend of mine is the attending physician of radiology at a rural hospital. She and her husband, who is also a physician, brought their newborn grandchild to see me in 1991. That was the genesis of both our friendship and our cooperation, and both are still going strong to date. My friend is an excellent practitioner of the Körbler method, and both she and her husband achieved “master” level certification in Prananadi healing. My friend and I use both methods in nonlocal healing continuously, and we are in regular phone

contact. On one occasion, she called me in the morning to tell me the names of three or four homeopathic medicines and the names of the patients who would be waiting for them. I was able to pair the medicines with the patients. Sometimes she just says the name of the medicine and it turns out that the "patient belonging to it" is one of my family members. If I need urgent personal help, I just call her; she sends me Prananadi healing, and minutes later, my problem is solved.

Another one of my friends is a clairvoyant healer. She leads a meditation group, which I have been a member of for about fifteen years. Although I know that one must only take on as much as one's life force allows, I have often overextended myself and ended up being exhausted, not having any energy left for additional tasks. When I am packing my bags for a trip and time is tight, my body signals with physical symptoms that I have overexerted myself again: for example, once one of my ankles started hurting so badly that I could barely stand on it—it refused to hold me up. On another occasion the ankle pain flared up when I woke up in the middle of the night, and I could barely limp to the bathroom. This last ailment is terrible, because it means that even getting up is painful. As I don't know what causes the problem, I have no choice but to ask for help. I call my friend and she immediately dispatches the healing information. Sometimes the agonizing ankle pain is immediately released. Other times we might use crystals to receive the healing information. My friend tells me to either place it on the aching body part or hold it in my left palm, and I regain my full physical power within fifteen to twenty minutes. I feel magic and gratitude every time, mindful of the help that "saved" me from my condition.

I feel the same joy and gratitude when my own patients return the feedback that they received quick relief and their condition has improved.

For me nonlocal medicine is all forms of diagnosis, whether it is in the presence of the patient or at a distance. This method conveys information about the patient that cannot be observed through bodily senses. This "subtle information" can provide key elements of the patient's physical condition more fully and completely than any information conveyed by ordinary means. The following experience illustrates this point:

On October 11, 2001, a young physician friend of mine had her medical-degree-award event on the top floor of the ten-story building of the Medical Institute in Budapest. I said my goodbyes during the reception after the

ceremony, because I had some urgent business to attend to that day. I was running down the stairs from floor to floor until finally, shortly before reaching the ground floor, I fell down the stairs and could not get up again. I just sat on the tiles waiting for the guests to start leaving. I didn't have a phone on me, and the porter didn't see me since his booth was too far away. The guests discovered me at last as they were leaving; one of them called an ambulance and I was taken to the emergency room.

I was in a lot of pain, but I was very happy to receive the negative X-ray results for my left knee: it was not broken. The physician examined my left leg, and I was also glad that it wasn't broken. He suggested that I should ice my left knee and refrain from standing on it for now. My friend's parents took me home.

A few days later on a Saturday morning, a clairvoyant physician friend of mine popped in for a quick visit. She brought me a blouse as a gift and was about to leave—she was in a hurry—when I asked her to take a look at my left foot. I explained to her that I was in a lot of pain and standing on that leg was out of the question. I told her that I used a broomstick and jumped around on my right leg if I needed to. My friend, who had not yet focused on my leg but just visiting me, looked at my left knee and almost shouted out: "Maria, this is broken!" I showed her the negative X-ray diagnosis and the X-ray images.

"I don't care about the results, it is broken, I can see it! Go see the physician immediately and ask for a new X-ray!"

As it was a Saturday morning, I knew that the clinic nearby was open until 1:00 p.m. My friend took me to the clinic, where I was given a wheelchair. She escorted me up to the surgical floor then had to rush off. They had just enough time to treat me before closing. The new X-ray showed a 5-centimeter-long vertical fracture on the patella. From there I was taken by an ambulance to the emergency surgical unit, where—after a long wait—they put a cast on my left leg from my ankle to the top of my thigh. It was 9:30 p.m. when they finally took me home.

In this case the diagnosis was made in person, but not with the usual tools. I was very lucky to get help from my physician friend.

I believe nonlocal diagnosis includes information conveyed through the chakras. We know that chakras cannot be observed but information can be

derived about them through nonlocal means. This has been shown by Barbara Ann Brennan, the author of *Hands of Light.* Brennan was one of the speakers at an alternative medicine conference in Cambridge in June 1997. She had by then sold 250,000 copies of her book in the United States. About 600 physicians and healers came to hear her presentation. During that same conference, I got about forty minutes to speak in a small room where authors like me took turns introducing themselves. The room was so small that the audience had to stand through the presentation. People were constantly coming and going, which had the advantage that if you weren't interested in a topic, you could leave unnoticed and without disturbing the others.

I spoke about my own techniques of chakra-based diagnosis and therapy, which I had developed together with my brother, Istvan Sagi. I had a group of about thirty people listening to me. In my state of excitement, I failed to notice that Barbara Ann Brennan was standing in the corner, interested in what I was demonstrating.

At the end of my presentation, she came up to me to tell me what she had seen. She saw that when I examined the subjects of my experiment, I held my left thumb approximately 2 centimeters from the chakra, and I had the bioindicator in my right hand. The movement of the indicator signaled to me the subtle energetic state of the chakra. She saw a finger-thick ray of silver light radiating from my left thumb, and after the signal of the bioindicator, the subtle energetic state of the chakra was quickly harmonized. Barbara invited me to spend three to four days with her that summer while she stayed in Europe so that we could exchange experiences with each other. We were finally able to meet at the beginning of September, while Barbara was on a cruise of the Adriatic. We spent three days together while the ship was docked in the port of Venice. She had the chance to try and test Pianto. Previous tests showed that Pianto cleanses one's aura within twenty minutes. She agreed. She asked me whether I was a clairvoyant. I told her I wasn't, but rather that I just feel the radiations emanating from the patients and evaluate them using a bioindicator. She thought that what I did was a kind of clairvoyance, and if I were to practice under her guidance, I would soon start seeing images, too. But neither ever happened.

Another example of this kind of nonlocal healing is using psychomeridian therapy to look for the causes of a disease in the previous life of the patient. The patient is present for this procedure, but the healing

requires the changing of information acquired through a previous trauma—either physical (such as an accident) or emotional—that took place earlier in the patient's life. This can only be done through information transfer.

What's more, I would say that choosing the medicine and the homeopathic substance with a bioindicator is a case of information transfer. This is probably why the diagnostic method I use is the same whether the patient is in the room or treated remotely.

10

The Support of Nonlocal Information Transmission by Physiological Data

Our body is a natural entity, a microcosmos that reflects the macrocosmos. All the information we require for our evolution is already given in the universe, we just need to access and use it.

We live in a complex universe where things manifest as polarities that we experience in the form of characteristics with antagonistic yet complementary functions. We see this when we consider the functioning of our brain. Since our brain transmits consciousness, it is important to understand the optimum conditions for this transmission. Here we gain important information from the study of the electrical activity of the brain. The nature of this activity is indicated by the EEG (electroencephalograph) waves produced by the brain. I will offer here a brief overview of the contribution of the analysis of the brain's EEG waves to establishing or reestablishing the health of the body.

BACKGROUND ON THE EEG

Two key discoveries led up to the understanding of the relevance of EEG waves to our health. The first were the electrical impulses observed for the first time in July 1875 by Richard Caton with the galvanometer, a type of ammeter that measures electrical current. The second was Ernst von Fleischl-Marxow's studies on evoked potentials, linking nervoussystem activity to muscle movement. The German psychiatrist Hans Berger (1873–1941) used these discoveries as the foundation for electroencephalography. He sought to

understand the connection between various psychological conditions and the physiological state of the body.

Berger published his discovery of electroencephalography in 1929; it was a historical breakthrough, offering a new neurological diagnostic tool. It revolutionized neurological and neurosurgical procedures with its active use spanning a period of about forty years (1930–1970), until the advent of computer tomography.

The analysis of EEG waves shows us:

1. How the brain works in the course of its various states, from deep sleep to hyperactivity
2. The level of synchronization between the two cerebral hemispheres during the brain's various activities

CHARACTERISTICS OF THE EEG FREQUENCY BANDS

The analysis of the electrical activity of adult brains reveals that neural electrical activity is correlated with different states of awareness. The analysis shows that the brain operates on at least five different frequency levels, each associated with a different mental state. The EEG waves shift continuously from state to state over the entire range of frequencies during normal brain functions in adults. (Brain frequencies in children display radically different behaviors.)

Activity	Frequency	Brain State
Delta	0–3 Hz	sleeping/unconscious
Theta	4–7 Hz	imagination
Alpha	8–14 Hz	calm consciousness
Beta	15–35 Hz	focused consciousness
Gamma	35+ Hz	ecstatic stimulation

Delta brain waves (0–3 Hz) are the highest in amplitude and the lowest frequency waves. In the adult brain, delta waves are associated with sleep or unconsciousness. They are also found in the left hemisphere of the healer during nonlocal healing. It is known that we sleep in ninety-minute cycles. However, this deep delta state occurs only for a relatively short time during the sleep cycle. We are in the phase of the most profound sleep between midnight and 2:30 a.m. (Burglars appear to know this, since most nighttime burglaries occur around this time.) The predominant area of brain activity during the child's first two years of life is delta, the lowest of the EEG frequency ranges.

Theta waves (4–7 Hz) occur most often in sleep and are also dominant in deep meditation and hypnosis. In theta, the bodily senses are withdrawn from the external world. In the adult, theta activity is associated with states of reverie or imagination. Delta and theta frequencies define the brain state known as hypnagogic trance, the neural state that hypnotherapists use to introduce new behaviors into the subconscious of their patients. Between two and six years of age, the child's brain-activity state ramps up, and it operates primarily in the range of theta. This enables the child to introduce the behaviors needed to become a functional member of the family and the community through observing the behavior of others (parents, siblings, children of the same age) around them. While in the theta state, children spend much of their time confusing the imaginary world with the perceived world. The predominant delta and theta activity of children under the age of six signifies that their brains operate at levels below those of adult consciousness.

Alpha waves (7–14 Hz) are the resting state of the brain. When adults switch off the outside world and shift into the phenomena of their own mind, the frequency of their brain waves shifts to the alpha range. This range is dominant during flowing thoughts, daydreaming, and in meditative states. It emerges with the closing of the eyes and relaxation, and attenuates with the opening of the eyes and mental activity.

The child's conscious mind, expressed in alpha-level EEG activity (7–14 Hz), becomes dominant around the age of six, at which time the child acquires further freedom in his or her behavior.

Beta brain waves dominate when our attention is directed toward cognitive tasks in the outside world. Beta is a "fast-moving" activity, present

when we are alert, attentive, engaged in problem solving, judgment, decision making, and in focused mental activity, such as speaking, thinking, and activities involving analysis, computation, and related tasks.

By the age of twelve, the human brain can function in all the frequencies, even if its primary activity is in the beta region of focused awareness.

In the beta state the brain operates at frequencies between 15 and 35 Hz. When we open our eyes, our brain first shifts to a frequency between 15 and 17 Hz. An active but still calm mind produces frequencies around 18 to 19 Hz. As we grow more intense, busy with problem solving, or become more concentrated, brain frequencies rise to 20–25 Hz. A stressed or mildly obsessive mental state produces EEG waves between 26 and 30 Hz.

In an intense experience such as, for example, hearing an outstanding performance of classical music, the left hemisphere may produce waves of up to 34 Hz in frequency, while the right hemisphere moves in the region of 26 Hz. Fifteen minutes after the end of the performance the left hemisphere descends from the frequency of 34 Hz to 28 Hz, while the right hemisphere moves only from 26 Hz to 25 Hz.

Gamma brainwaves (above 35 Hz) are supported by waves in the beta range. They occur in highly intense activities, such as exalted trance. In such activities the EEG waves produced by the brain may extend up to the gamma range.

THE SYNCHRONIZATION OF THE TWO HEMISPHERES

Left hemisphere thinking: Generally sequential, linear, logical, practical, analytical, scientific, and time-oriented.

Right hemisphere thinking: Nonlinear, big-picture focused, creative, space-oriented, mathematical- and musical-aptitude-based, intuitive, and abstract.

The degree of synchronization of the two cerebral hemispheres exhibits wide variations in accordance with the given activity. The higher the EEG frequencies, the lower the level of synchronization. In normal waking-state

consciousness, dominated by beta waves, the level of synchronization is about 35 percent. In the region of gamma frequencies, the level of synchronization is no more than 5 percent. With the lowering of EEG frequencies, the degree of synchronization rises. When alpha waves emerge (often as a consequence of resting with closed eyes and engaging in meditation) the level of synchronization reaches about 80 percent.

In deepest meditation, information-based healing, and dreamless sleep the brain produces theta/delta waves, and here the synchronization of the two hemispheres may reach 92 to 99 percent.

The Benefits of Hemispheric Synchronization

During cross-hemispheric synchronization, the part of the brain known as the corpus callosum is highly stimulated. By integrating the two hemispheres of our brain and allowing them to work in synchronization, we experience an increase in overall mental health, enhanced cognitive performance, and better memory and intellectual functioning. We begin to notice a limitless supply of insightful thoughts, with far less anxiety, depression, and addiction. We are happier, more optimistic, at one with the world. These benefits build one on the other; they accumulate over time.

Investigations in the field of nonlocal healing suggest that the healer transmits the healing information in delta and theta brain states and the patient receives the information in the delta and theta states. Meditation balances the two brain hemispheres, impelling them to work in harmony. Scientists call this “whole-brain synchronization.”

Some Examples of the Measurement of Synchronized Brain-State Phenomena

(*a*) The Italian consciousness researcher Nitamo Montecucco has tested the EEG of individuals during meditation. He connected a computer with an EEG device and analyzed the level of synchronization of the two brain hemispheres with the help of a specially designed computer program. He called this synchronization- measuring device the “brain holotester.” He has been monitoring the synchronization of the two brain hemispheres in various groups of meditators, and he has always obtained the same result*:*

The level of synchronization of the two hemispheres has been significant in all of the meditators.

(*b*) Dr. Montecucco also performed experiments where the meditators are in separate rooms. The measurements indicated that when two subjects meditate at the same time, identical synchronization effects obtain not only between the right and left hemisphere but also between the brains of the test persons. In case of subjects in deep meditation, nearly identical synchronization obtains between the right and left hemisphere of the subjects. Moreover it also obtains among the individual subjects, even though they do not see or hear each other.

(*c*) Further, Montecucco investigated the EEG patterns of other test subjects using his "brain holotester." One of his experiments measured the EEG effect of the Sagi chakra therapy. The healer's and patient's EEG waves were measured at the same time. Already at the beginning of the experiment, a surprising observation occurred. The healer's synchronization level between left and right hemispheres was 97 percent, a level that usually occurs only in deep meditation. The patient's synchronization level between left and right hemispheres was 35 percent, which corresponds to the alert brain state. During the experiment, the patient looked at the seven chakra maps in turn, while the healer held his left palm above the patient's right cerebral hemisphere. He held the bioindicator in his right hand, testing the activity of the relevant chakra. After a few minutes, the patient's level of synchronization between left and right hemispheres increased to 72 percent and the healer's remained at 97 percent. At the end of the experiment, the patient's level of synchronization between left and right hemispheres first rose to 81 percent, and then, after approximately ten minutes, reached 91 percent (the healer's level of synchronization measured 91 and 95 percent, respectively). The high level of synchronization of the investigator's and the patient's EEG values showed that chakra therapy produces measurable physiological effects (see plates 10, 11 and 12).

PHYSIOLOGICAL CORRELATES IN

NONLOCAL HEALING

Günter Haffelder, Ph.D. (1940–2018), head of the Institute for Communication and Brain Research in Stuttgart, developed his own method for measuring the electrical activity of the brain. His project began in the 1970s and continued for more than ten years. The method he developed in this time has successfully cured problems encountered by his patients and test subjects for more than thirty years. In his experiments, electrodes are placed at different points on the head of the subjects. Unlike in other methods, his system permits registering of the activity of the limbic system (the area that connects the cerebrum with the sensory centers). Separate graphic representations of the left and the right hemispheres—shown in a chronospectrogram—make it possible to image the differences in the rational and in the associative activities. Results are processed by the computer according to a predetermined mathematical algorithm, correlating the resonances to their components. As a result, vibration components can be represented in a three- dimensional image, in the form of a temporal sequence. The method opened the way to measuring and representing components of the EEG curve in the domain between delta and beta waves, thus allowing for an even more accurate diagnosis.

Professor Haffelder has performed thousands of measurements. Besides diagnostic measurements, he has also demonstrated experimental nonlocal healing measurements. He recorded both the healer's and the patient's EEG curves accompanying the healing processes. The measurements suggested synchronization between the healer and the patient's brain; the EEG patterns of the healer appeared in the patient's EEG after two seconds.

Two Controlled Experiments

An experiment on nonlocal healing in which I myself was the healer was conducted at a meeting organized by the periodical *Hagia Chora* society in Hohenwart, Germany, by Günter Haffelder on June 3, 2001. It was witnessed by 120 seminar participants and was led both by Professor Haffelder and Dr. Heidrich Treugut.[1] It was notable that all physical correlates could be observed by an audience.

At the beginning of the experiment I asked the subject—a forty-eight-year-old volunteer from among the seminar participants—to give me a verbal

report on his physical condition. He reported: “Four years ago I turned to a physician with a serious problem of articulation in my hands. I could hardly move my wrists, and the joints of my fingers were swollen and in pain. The physician diagnosed multiple arthritis. I chose to try natural medicine, a special vegetarian diet, and a course of spiritual change. Presently my finger joints and my right wrist move, but the left wrist is still stiff.”

We then separated. The subject was seated in the main hall in the presence of Professor Haffelder and the seminar participants, and I was moved to a distant room in the same building together with Dr. Treugut.

Both the subject and I were wired with electrodes placed on our heads. The EEG instrument in the main hall, to which the electrodes were connected, displayed the electrical activity of our brains on two large monitors.

Next to me Dr. Heidrich Treugut kept a strict written record of the proceedings. The experiment got underway at 4:15 p.m.

During the approximately twenty-minute session, Dr. Treugut recorded every detail with a stopwatch in his hand. His record book thus documented what was observable of my work from outside, such as “writes, tests (using the bioindicator), writes, erases, tests, writes,” and so on. During the investigation I also kept a written record that contained the examination in progress, the diagnosis and the treatment, and later, the treatment times. After the examination the two records were assembled in the written protocol of the session.

The course of the experiment was as follows: First I tuned my brain and nervous system for receptivity to information under the given conditions, and then concentrated on the experimental subject. Then I began to examine the subject: the subject’s organs in sequence, and then his meridians. The bioindicator showed a mild irregularity in the functions of the colon. Subsequently I sought the treatment pertaining to colon correction. After this I found symptoms of inflammation in the left wrist, and for this too I sought the appropriate treatment. Among the acupuncture meridians, that of the liver called for correction; then the pancreas was examined and corrected. After this, a thorough examination of the subject indicated that no further organ correction was needed; this completely harmonious state of balance was further ensured by use of the energy of another symbol from Tibetan healing.

An important element in any such therapy is to determine the precise timing of the treatment. This is the time that the body needs to heal. I determined this during the last five minutes of the examination. The treatment for the colon and the left wrist was to last ten days and that for the pancreas six and a half days.

The monitoring equipment to which we were connected provided an additional, essential form of documentation. In reporting the experiment Haffelder noted,

> The whole process of frequency activity during the treatment can be interpreted as a typical process that underlies our research on such phenomena and is in some cases reinforced. The process of examination between the healer and the subject occurs during a period of refined harmony between their respective brain activities, which manifests itself in the particular way that the frequency patterns of the two people influence each other.
>
> At the beginning of the experiments, the chronospectrograms of both healer and patient show the brain-wave activity of normal awake states. [Figure 10.1] shows the patient's values [in both the left and right hemispheres].
>
> In [figure 10.2, in the left hemisphere] delta waves, as a range of transmission of nonverbal communication and interaction patterns, are particularly interesting:
>
> Every three to four seconds, strong delta activities (0–3 Hz) appear in the left hemisphere of the healer's brain in the form of regular and intense peaks. Delta and alpha activities appear synchronously in the [right hemisphere of the] subject's brain, where the information is received via the delta activity and its effects unfold through the alpha activity. Alpha activity (8–14 Hz, blue) is ideal for learning processes and stands for inner focus. [Alpha waves are shown in figure 10.3 in both the left and right hemispheres of the subject's brain by shading at 11–15 Hz.] Here we can speak of an internal stabilization of the subject [figure 10.3]. On the part of the healer, the strong delta activity manifested itself in the form of a significantly higher deviation of the regular rhythm, at 3 to 4 seconds, in the left brain hemisphere.[2]

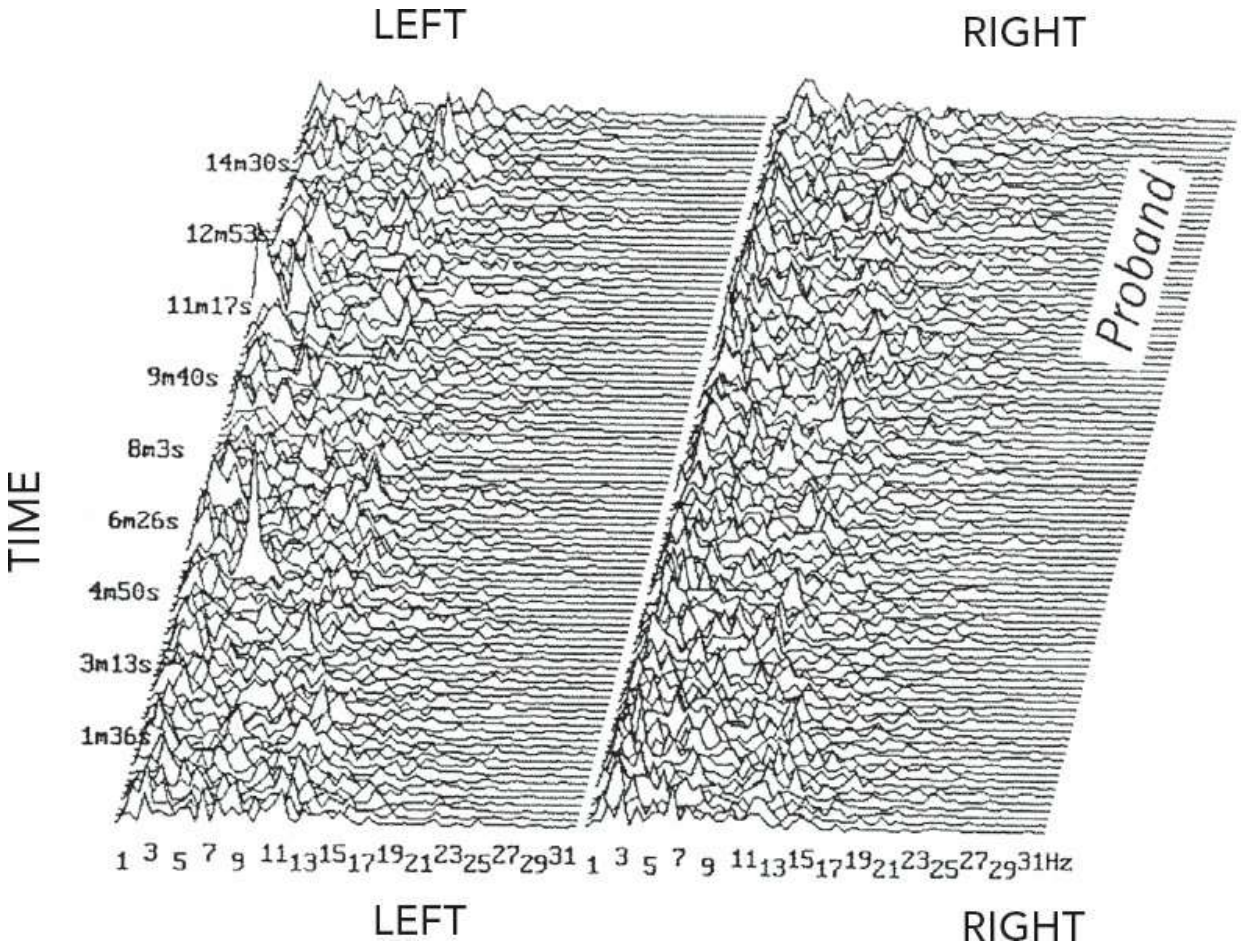

Figure 10.1. A chronospectrogram shows the brain-wave activity of the normal awake state of the patient in both the left and right hemispheres of the brain.

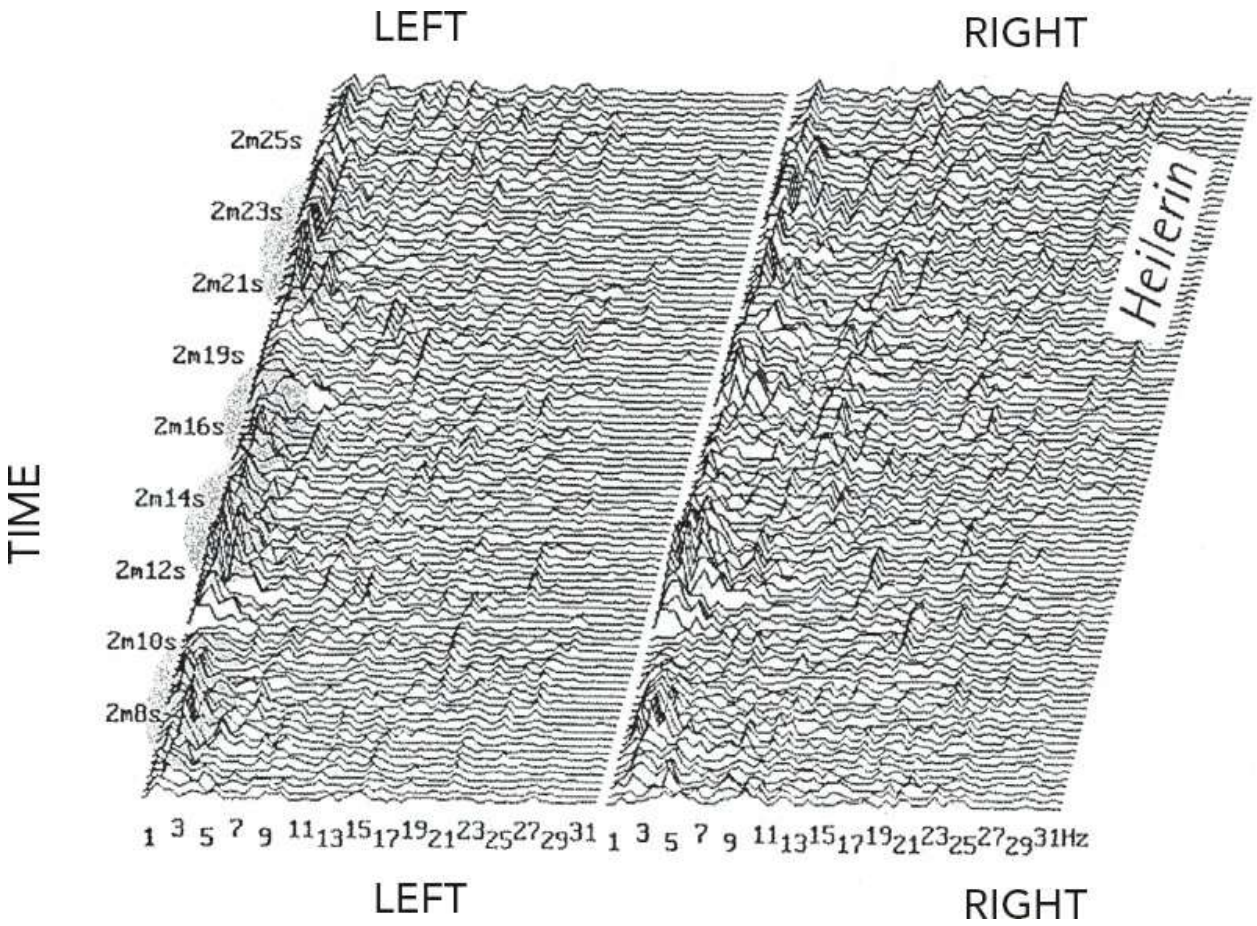

Figure 10.2. Delta waves appear every 3 to 4 seconds in the left hemisphere of the healer's brain. These are shaded ovals in the chronospectogram.

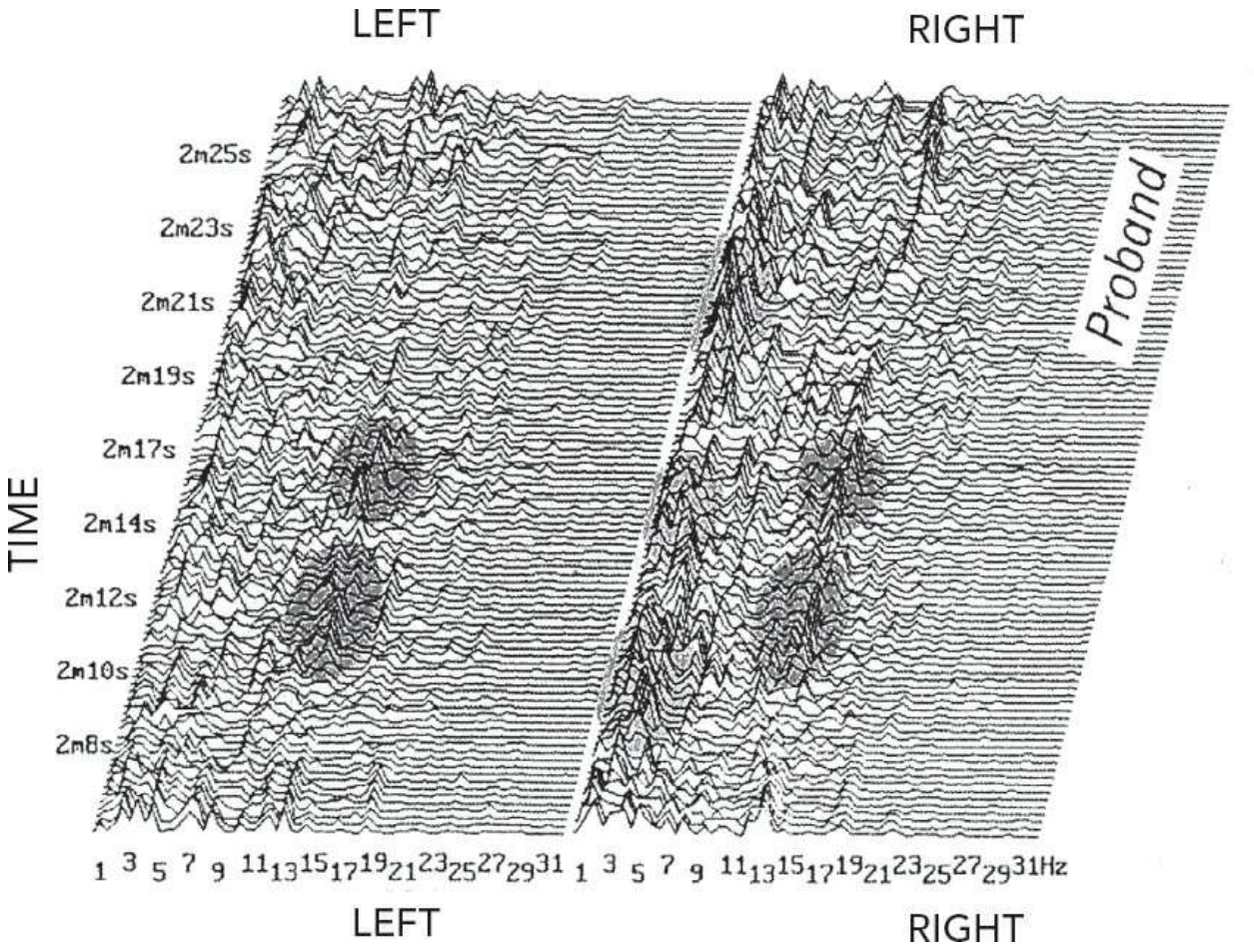

Figure 10.3. Delta and alpha activities appear synchronously in the right hemisphere of the patient's brain.

The delta waves (0–3 Herz) are typical of normal deep sleep in adults, while alpha waves (8–14 Herz) are typical of a restful state, usually with eyes closed. It is significant, therefore, that in these experiments I had my eyes open and yet displayed electrical brain activity characteristic of deep sleep. Just as remarkably, the subject displayed the same phenomenon. The patient sat relaxed, with closed eyes, but not asleep. In this state he proved receptive to the information I sent from my remote location, despite the absence of sensory connection between us.

The healer inquires about the present condition of the patient, which is expressed through the activity of a certain frequency pattern. The healer balances the pattern of malfunction and sends it back in a transformed form to the patient.

The process of remote healing is generally the same. The information I receive as healer indicates the physical condition of the patient, including the nature of his or her complaint. The diagnosis can also identify the causes of the problem, and to what extent they are due to environmental conditions.

Another striking factor supporting the effectiveness of nonlocal healing is that I can receive information from the patient not only regarding his present state but also regarding earlier states. In nonlocal healing we can obtain information on the patient's past physiological condition and can relate it to his present condition.

I took part in another nonlocal healing experiment led by Haffelder at his Brain Research Center on October 29, 2001. It was monitored and subsequently documented by the spectrum-analytic method of the EEG recording just as the Hohenwart experiment had been.

Before this experiment my forty-five-year-old test subject described her complaint. She had suffered from allergic bronchitis for approximately the past ten years, a condition that was especially excruciating in the morning hours. She consulted a number of physicians and received a great variety of medications ranging from steroids and antibiotics to homeopathic remedies. I realized that there was not much point in concentrating on the symptoms themselves: I had to look for the causes. Thereafter the subject and I were wired with electrodes, and the subject went to another room in the laboratory while I began the procedure for the diagnosis in the room shared by the experimenters. The electrical activity of our brains was displayed on monitors observed by the experimenters and was also recorded.

Following a preliminary examination of the patient, I proceeded to move back in the subject's life until I found a particular trauma that could account for her condition. This event occurred in the immediate postnatal period. I administered a healing message for the tenth minute after birth that was to last for a period of two minutes and twenty-four seconds, while the healing message for the seventeenth minute after birth was to last for forty-five seconds. During the time that I administered these messages my brain exhibited EEG waves in the slow delta region. The brain of the subject replicated the patterns of my delta waves with a delay of about 2 seconds. The effect was evident: as I was sending the healing messages the subject showed an aggravated form of her symptoms, coughing violently. When we concluded the experiment the coughing subsided and the subject calmed

down.

On May 23, 2002, my test subject wrote: “Regarding my coughing attacks, there were [after the experiment] some quieter periods and some periods in which I had violent coughing up to eight hours a day. Now it is quieter than ever before. The coughing did not entirely disappear, but it is within tolerable limits. In the last ten years I never had such a quiet period as now.”

These examples illuminate that the healing information provided by the healer does not reflect simply the information that applies to the current situation, but includes the spectrum of information accumulated over time. This suggests that there is a field that transmits information about the flaw that creates the problem, and also about its healing. Such an information field can be assessed in terms of holographic theory, because in a holographic field all the information appears at every point, and the information is conserved: it is not overwritten by fresh information. The waves carrying the information superpose and do not decay. Thus information can be obtained from the past as well as from the present.

In the case of proximal healing, information appears to be carried principally by electromagnetic waves. However, since we know that electromagnetic waves attenuate with time and distance, the above observations tell us that in nonlocal healing not only electromagnetic waves are involved but also scalar and possibly still other non-attenuating quantum waves.

The key feature of the information exchange, both from patient to healer and from healer to patient, is that it occurs independently of distance and time. This distance- and time-independence means that the healer can obtain the necessary information even from the past of the patient, and also if the patient is far away: in another room, another country, or another continent. Nonlocal healing, in other words, is not only time-invariant but also space-invariant.

I conclude that my more than twenty-year practice of nonlocal healing, together with the experience of hundreds of other healers, demonstrates the existence of a time- and space-invariant information field that serves as the medium for transmitting the information that acts in nonlocal healing.

Epilogue

Ervin Laszlo

This book, an introduction to the theory and practice of what the author rightfully calls “nonlocal information medicine,” is a fountainhead of revolutionary ideas in the field of healing. It conveys not only one but several important insights. These are important not just for each of us individually but for all of us collectively. They are important not only for medicine and healing but for all the principal facets of our life. The new paradigm, of which the essence is that the world is constituted and maintained by information, supports the insights presented in this book. Here I briefly recall the principal insights to summarize what the reader can take away from reading this book.

The paramount role of information in the organism. The human organism —as all organisms in the biosphere—is more than a biophysical or biochemical system. It is also, and above all an informational system; that is, it is an ensemble of elements based on, and regulated by, information. That the body is an information-based system is a central tenet of the new paradigm emerging in science, above all in the quantum disciplines. The new quantum paradigm maintains that the living organism is basically a structure of information, and it is governed and regulated by information. The paramount role of information is of great importance for the healing arts. It means that a dysfunction in the organism is an error of information, and that correcting the dysfunction calls for correcting the information that both constitutes, and governs, the organism.

In light of the above insight, we can say that medical doctors and healers are not essentially biophysical and biochemical manipulators, but information technicians. In the best case, they are masters of the informational regulation of the vital processes of the organism.

The return of holism in medicine. The healing reported and taught in this book is holistic healing. But it is not holism in the old sense, in which attention to the whole dominates, and in fact replaces, attention to the part. The new holism recognizes that the whole and the part are both essential aspects of the organism and they deserve equal attention.

The importance of the whole organism has been underestimated in mainstream modern medicine, and this needs to be rectified. When we query what is wrong with the organism, we need to ask first of all what is wrong with the whole of the organism, even if the symptoms appear only in a part of it. And when we ask what we can do to correct the problem, we need to ask how we can interact with the whole organism so that the problem that appears in the impacted part is mitigated or eliminated.

Holistic therapy recognizes the importance of the malfunctions that manifest in the part, but it addresses the whole organism and not just the malfunctioning part. This ensures among other things that possible side-effects of a cure on the organism are not ignored, averting the "collateral damage" that often escapes the attention of modern specialized healers.

Flawed information—manifested as a malady—can be corrected by informational means. Traditional medicine endorsed this tenet, believing—intuitively if not always consciously—that the cause of organic malfunction is flawed information in the organism. Today we need to take account of the fact that it is information that makes the difference between health and disease. The maladies that express the dysfunction signify a flaw in the information that governs the whole organism, and correcting that flaw means correcting the malfunction. That is the true healing of the organism.

Healing is the reestablishing of the match between the informational pattern of the individual organism manifesting the malfunction, and the pattern that constitutes the norm for the correct functioning of the species. When the information in the individual organism corresponds to the norm of healthy functioning of the species, the organism is healed. Reestablishing this match is the task and the purpose of the art and science of healing.

Healing is an informational task, even if it has biophysical and biochemical correlates. The healer interacts with the information that governs the body either by mental-spiritual means or by making use of adapted diagnostic and therapeutic instruments (such as, in case of the method discussed in this book, the bioindicator). The patient's condition reflects the

status of the match between his or her “individual morphic pattern” and humanity’s “generic species pattern.” Therapy is to act on the information that governs functions in the patient’s body in a way that creates the match between these patterns.

The norm of organic health is in nature; more exactly, in the universal information field that governs the functioning of the organism. Proper resonance with this “Akashic field” is the secret of health and vitality. Bringing about and safeguarding the resonance of the patient with the norm of health and vitality of our species can be defined as the task of genuine healers and doctors.

MARCH 2020

APPENDIX

Radionics: Technology to Assist Nonlocal Healing

Peter W. Köhne

PETER W. KÖHNE has a degree in general electrotechnology and is an electrical engineer. He has been working in the field of radionics for thirty years, further developing this method and building his own radionic devices. He is the author of many professional articles and books and trains doctors, naturopaths, alternative practitioners, and people interested in radionics. He founded the German Radionic Association and spread the knowledge about radionics in all German- speaking countries.

All images in this appendix are from Peter Köhne's book *Die vorletzten Geheimnisse: Radionik, wo Wissenschaft und Weisheitslehren zusammen finden* (Grossröhrsdorf, Germany: Sudden Inspiration, 2016). Their sources are: *Report on Radionics* by Edward W. Russell (Saffron Walden, Essex, UK: C. W. Daniel Company, 1991**)**; *Radionics* by David V. Tansley (Longmead, Shaftesbury, UK: Element Books, 1985); *Dimensions of Radionics* by David Tansley (Albuquerque, NM: Brotherhood of Life Inc., 1992); Photo, Inc., Minneapolis, Minnesota, supplied photos for the Bakken Library of Electricity in Life, Bakken Museum, Minneapolis, Minnesota.

In order to understand radionics, it is essential to know its beginnings and understand the developments pioneered by Dr. A. Albert Abrams, Ruth Drown, Galen Hieronymus, Curtis P. Upton, George de la Warr, Willard

Frank, and others. However, the basic principles and modes of action of radionics, such as the knowledge of the relationships between nature and life, the power of imagination and intuition, as well as the influence of symbols and their interpretation, go back thousands of years.

SHORT HISTORY OF RADIONICS

Radionics owes its origin to the American physician A. Albert Abrams (1860–1924), who was professor of pathology and director of the medical faculty at Stanford University in California as well as president of the San Francisco Medico-Surgical Society. Abrams was born in San Francisco in 1860, had an early education at the local university, and in 1878 began his medical studies at what was then called the Medical College of the Pacific. In October 1881 he received his doctorate there, then went to Germany to the University of Heidelberg and worked on a second doctoral thesis, for which he was awarded the grade of *cum laude superato*. Following graduation he spent some time as junior academic under such famous teachers as Virchow, von Helmholtz, Frerichs, and Wassermann.

Figure A.1. Dr. A. Albert Abrams

After returning to the United States, Abrams established a thriving medical practice and became nationally known. He continued the research work he had started in Europe.

THE ANATOMICAL “KNOCKING ATLAS”

The crucial step in developing radionics was initiated by one of a series of famous coincidences. When the physician knocked on the abdomen of a man with a cancerous growth on his lip, he noted a dull sound above the man’s navel instead of the usual hollow sound. Remarkably, this effect only occurred when the patient was facing west. He called this position the critical rotation point (CRP). In all other directions the sound was normal. Testing

other patients with this method, he found that each disease was assigned to a specific point on the abdominal wall. After a large number of investigations of this kind, he compiled a veritable “knocking atlas” for various diseases.

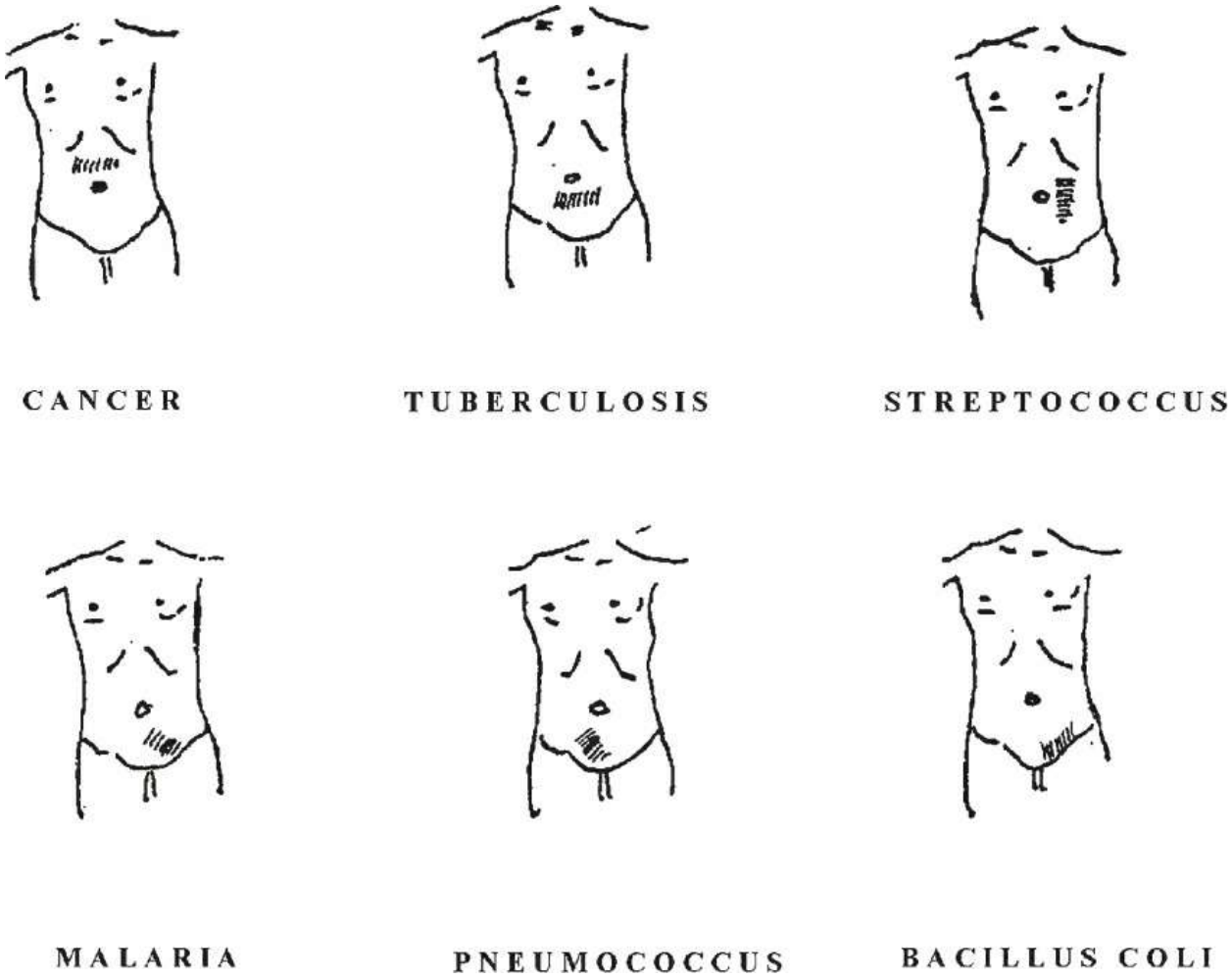

Figure A.2. The anatomical “knocking atlas” by Dr. A. Albert Abrams. The shaded areas indicate the points at which a dull sound was heard when tapping the abdominal wall.

His students and colleagues had difficulty in determining the differences in sound, so Abrams developed a method of stroking a glass rod over the abdominal wall. In the relevant places the glass rod showed a kind of adhesive effect, the so-called “stick”; this method still finds application in modern radionic equipment, though in a modified form.

He said the cause of this effect was the deviation of the atoms from their

fundamental vibration, a phenomenon that became known as the “Electronic Reaction of Abrams,” or ERA for short. Diagnosis with the ERA method was the beginning of what later became radionics.

Abrams could not use this test in bedridden patients. He therefore took a tissue sample of a cancer patient and put it in a small container, the “Dynamiser” as he named it, which he attached to a healthy person’s head. The working hypothesis was confirmed: the cancer spot sounded dull. If the radiation from this changed vibration was really electrical, it could also be transmitted by cable, he concluded. He attached a cable with a small plate electrode to the head of the healthy person and the other end of the cable to the Dynamiser containing the tissue sample. Again, the hypothesis that the dull sound occurs at the location of the cancer was confirmed. He repeated this experiment with samples, including blood samples, from patients with various other diseases and found at the appropriate points the altered sound or adhesive effect with the glass rod. Thus, not even the patient needed to be present. Even today, blood samples are used for radionic analysis in addition to other information carriers such as saliva, urine, hair, fingernails, and so on. The sample is referred to as the “witness.”

These experiments strengthened Abrams’s assumption that diseases are manifested in a change in the electrical relationships of the cells’ atomic structure. Some of the test points on the abdominal wall indicated several diseases simultaneously, for instance, cancer and syphilis occurred in the same point. A further refinement of the measurements was effected by using an adjustable electrical resistance in the measuring circuit. If the resistance was set to 50 ohms, the cancerous sound appeared at the cancer point, but it was 55 ohms in the case of syphilis. Through the different resistances in the measuring circuit, therefore, the individual diseases could be differentiated more precisely.

The Therapy

The development of the diagnostic procedure was now advanced enough to lead to the possibility of devising treatments for the detected diseases. It was obvious that treatment should be with electromagnetic pulses.

Together with the inventor Samuel Hoffmann, Abrams developed the “Oscilloclast,” the first radionic diagnostic and therapeutic device. For

measurement and adjustment of the device, the resistance values found in the tests were used for the later “rates” or “tunings,” as they are still called today.

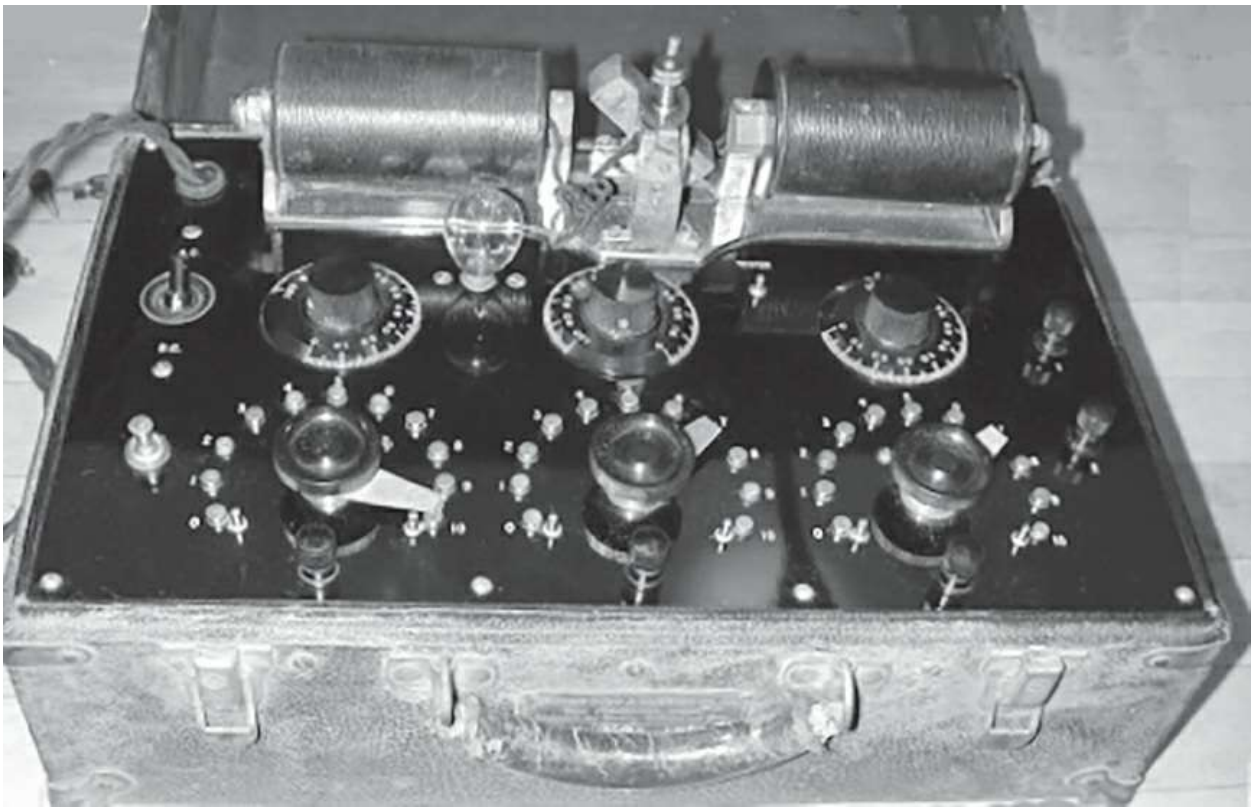

Figure A.3. Still the most widely used ERA device, the “Oscilloclast,” the grandfather of all radionic devices

RUTH DROWN AND THE LIFE ENERGY

The American Ruth Drown (1892–1965) continued the work begun by Abrams. Drown was a chiropractor and came into contact with radionics as a young woman. She was a very sensitive woman who was mainly guided by intuition. She modified Abrams’s equipment and was the first to use a friction plate, the so-called *stick plate,* as a replacement for tapping the abdominal wall. This was a small metal plate over which a gum membrane was raised by means of a tenter. At the set “rate” (the resistance value in accordance with each disease), a “stick” was obtained by rubbing one’s fingers across this detector plate. This “stick” on the plate was the same effect Abrams had already noted with the glass rod. The detector plate was like an electronic

abdominal wall. Drown no longer needed to test via the abdomen of a person like Abrams had.

Ruth Drown's theory of illness was similar to that of Abrams. For both, the life energy inherent in each human being is altered by an illness. For diagnosis or treatment, Drown established a closed circuit between the patient and the radionic device and set the appropriate "rate" of resistance on the device, so she could determine if that set value or rate was correct or not. In treatment, she corrected the misinformation caused by the disease by using the life energy of the patient in this circle as an information carrier. With this type of treatment, Ruth Drown was far ahead of her time.

Figure A.4. Ruth Drown

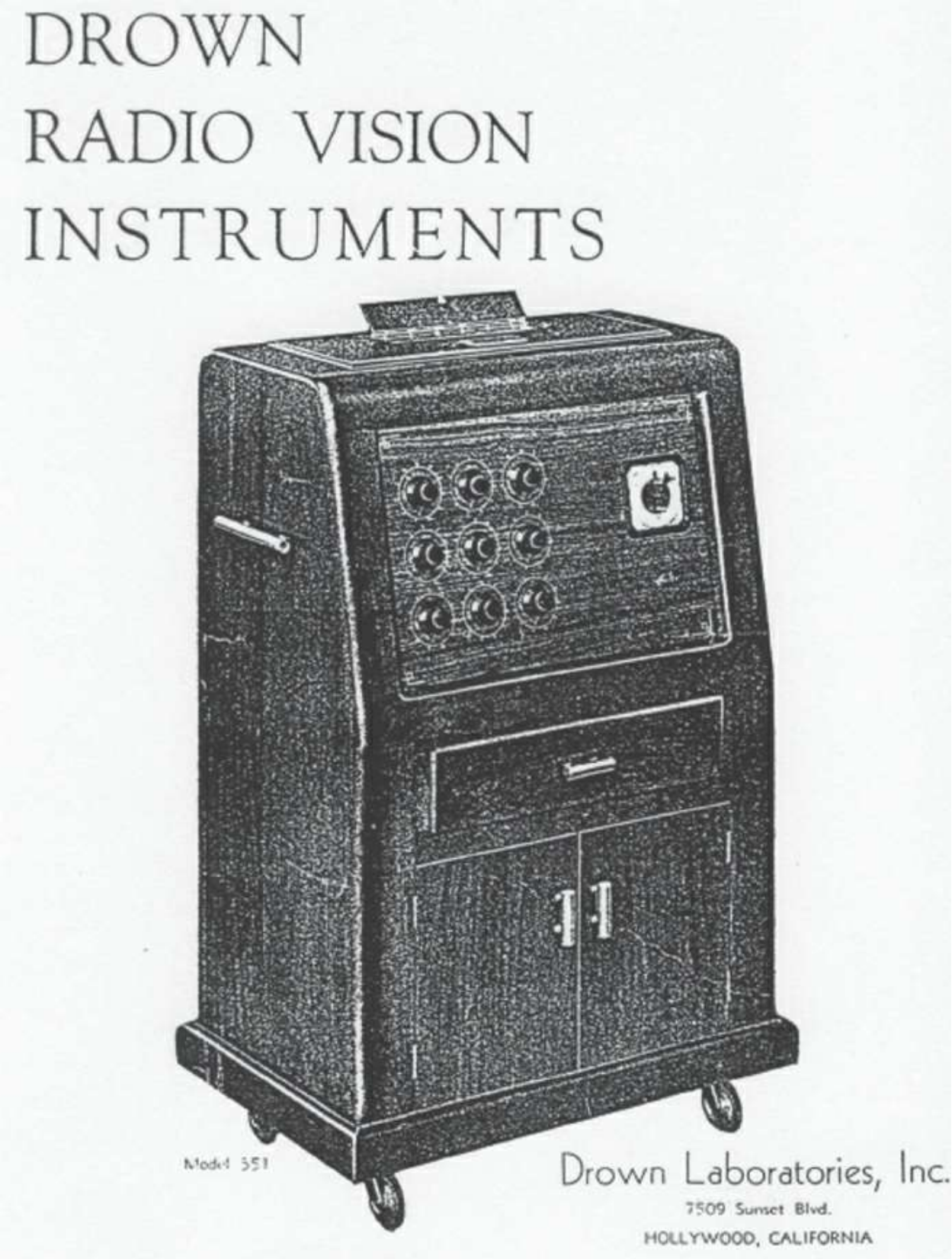

Figure A.5. Ruth Drown's radionics camera

Like Abrams, Drown used the appropriate samples. Since the patient did not have to be present, she was able to perform diagnosis and treatment remotely, and she called her approach “radio therapy.” The name of her device, the “Homo Vibra Ray,” made reference to the life energy.

The “Radio Vision Instrument” was developed by Drown in 1935. It was a radionics camera that could be used to take pictures of a person’s body. The radio vision camera was patented in 1939 under the number GB515866 and with the title “Method of and Means for Obtaining Photographic Images of Living and Other Objects.”

THE FIRST RADIONICS PATENT

Thomas Galen Hieronymus (1895–1988) was another pioneer following in Abrams’s footsteps. Hieronymus made his first radionic device in 1930 by reconstructing the “Pathoclast” of J. W. Wiggles. He later developed his own model, which is probably the most well-known radionic device, and which was patterned after a tube amplifier and additionally equipped with a prism. On September 27, 1949, he received US Patent No. 2,482,773, entitled “Detection of Emanations from Materials and Measurement of the Volumes Thereof.”

Hieronymus coined the term *eloptic* e*nergy* for the emanations that he detected, since this energy can be conducted and transmitted similarly to electricity and light.

However, the thesis of Abrams, that the observed deviations were of an electrical kind, had to be modified. It was noticed that the device was effective regardless of whether it was switched on or not. Ruth Drown had also built devices without a power supply since, as she said, she used the life energy of the patient. The question of the mode of action of radionics was the subject of serious discussion. Arthur M. Young, president of the Society for Awareness Research in Philadelphia, conducted much research on radionic devices and came to the conclusion that the work of radionics concerns solely the consciousness of the people involved.

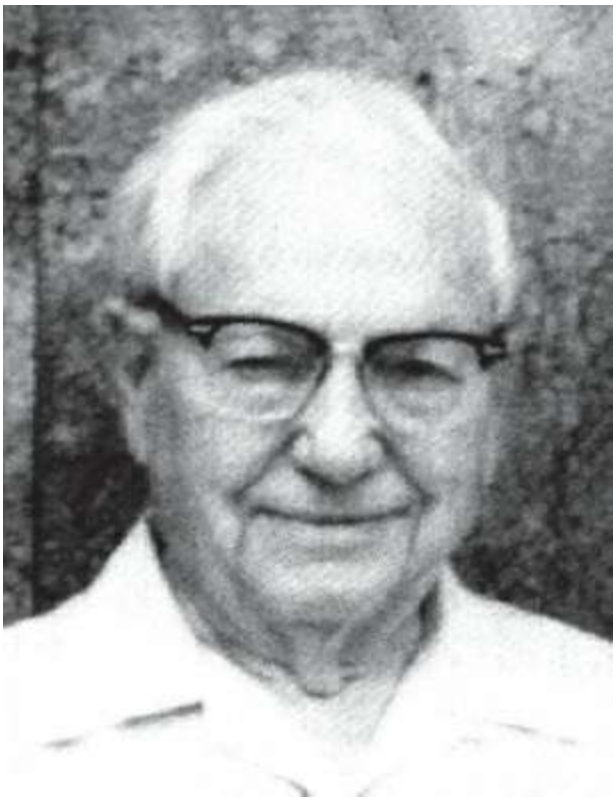

Figure A.6. Thomas Galen Hieronymus

Figure A.7. Hieronymus's radionic device

ENGLAND, STRONGHOLD OF RADIONICS

Shortly before the beginning of World War II, Ruth Drown taught many physicians in England how to use radionics instruments. Due to import restrictions during World War II, radionics devices could no longer be imported from the United States, and as a result some physicians went on to build their own radionic devices.

The English engineer George de la Warr (1904–1969) created the first such homegrown device. This was the start of one of the most extensive developments in radionics. De la Warr's wife Marjorie built up a successful radionics practice. Together with two other radionic practitioners, Leo Corté and Mr. Stevens, the Delawarr Laboratories were born.

Figure A.8. George de la Warr

Figure A.9. Radionic device used in the Delawarr Laboratories

The de la Warrs also started to collect previously used “rates” and created new ones. In collaboration with several pathologists, initially more than 4,000 rates were catalogued. As a basis for his work, he used the theory of the L-

field of Harold Saxton Burr.

Many radionic devices have been developed in the Delawarr Laboratories. The measuring detector was the stick plate. The intensity of the "stick" and a more precise tuning of the rates could strengthen the effect of the Delawarr device by means of a rotatable magnet, when this took a certain position in relation to the earth's magnetic field. This corresponds to the critical rotation point (CRP) of Abrams, who found that he had to turn his patients to face westward.

Similar to Ruth Drown, the de la Warrs and their associates developed the radionic "Delawarr Camera." This camera was patented in 1955 in France under the number 1,084,318.

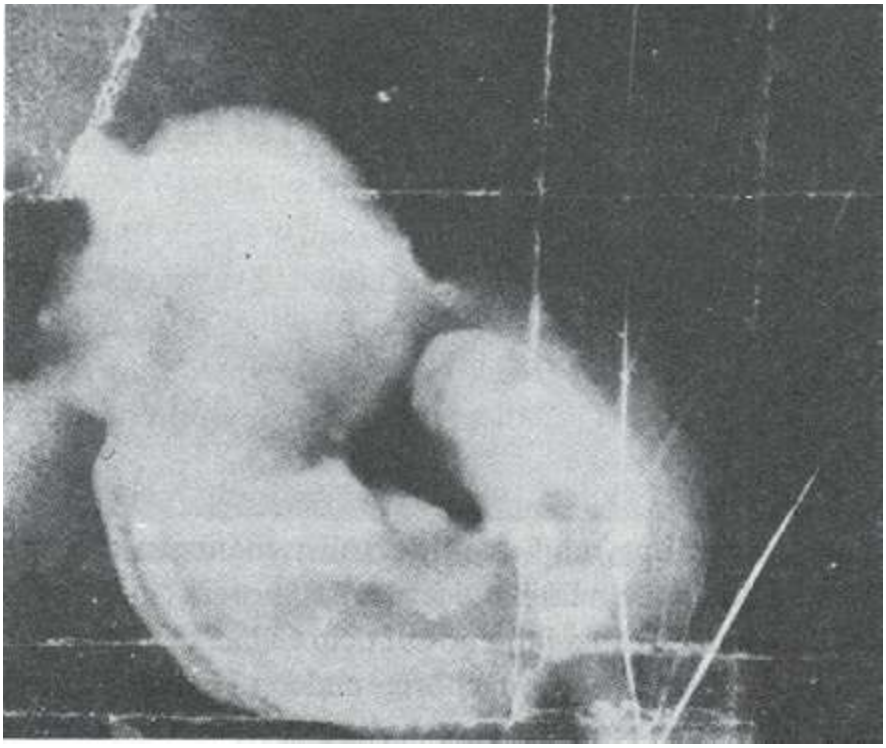

Figure A.10. Picture of the Delawarr Camera showing a three-month-old fetus

NEW RADIONIC CONCEPTS

Many researchers worked with radionics in England. Among others, Sir James Barr studied the ERA method in California while Abrams was still

alive. Guyon Richards was a tireless researcher in the field of radionics. Curtis P. Upton was the first to use radionics in agriculture with his UKACO device. Among many other researchers, David V. Tansley and Malcolm Rae should be recalled in particular.

David Tansley (1934–1988) developed a new conception of radionics by incorporating aspects of Eastern philosophy into his work, for example, the inclusion of the energy body and its energy centers, the chakras. With his work, and later as its chairman, he exerted a strong influence on the Radionic Association. The English School of Radionics still works on the foundations created by Tansley.

Malcolm Rae (1913–1979), a British electronics engineer, spent fifteen years researching radionics in close collaboration with various physicians, and then explored new developments in the field. He preferred to use a pendulum rather than rub his fingers against the stick plate, similar to Tansley, and extended the notation of the rates with a scale range from 0 to 9 (base 10) to 00 to 44 (base 44). He also used geometric symbols and geometrical representations of particular proportions. He claimed that thoughts can be manifested and expressed precisely with the extended rates. He saw the extended rates as manifested thoughts that served as calibrated prescriptions for analysis or treatment. The idea of manifested thoughts makes the operation of the nonactivated Hieronymus devices appear in a different light. He created geometric representations of the rates, the “Remedy Simulator Cards,” and used the cards to prepare homeopathic remedies.

Figure A.11. David Tansley

Figure A.12. Malcolm Rae

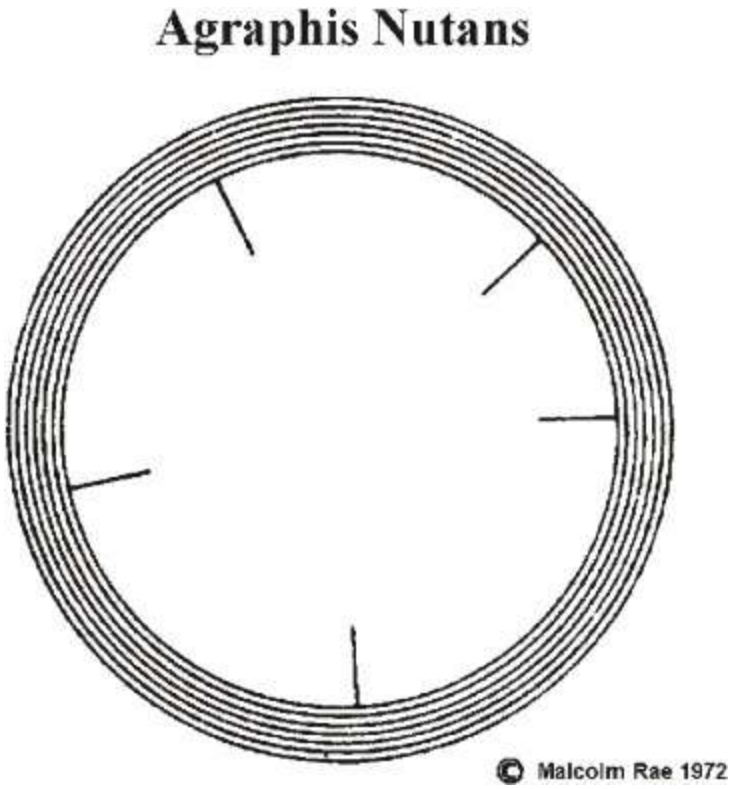

Figure A.13. Remedy Simulator Card

THE STEP TO COMPUTER TECHNOLOGY

When the first personal computers came on line, the knobs of radionic devices were replaced with computers. The first computer-equipped radionic device came from the United States. In 1986, Willard Frank, physicist, electrical engineer, and inventor, introduced a computer-assisted radionic device, the “SE-5.” This device was used both for radionic analysis (diagnosis) and for balancing (treatment). It made possible the preparation of all kinds of radionic remedies.

Figure A.14. Willard Frank

Figure A.15. SE-5 radionic device by Willard Frank

As with the radionic devices of Drown, de la Warr, Hieronymus, and others, the SE-5 uses a stick plate as a detector. However, this is not the usual

rubber membrane, but a thin plastic plate, below which are placed the so-called scalar antennas in order to make contact with the “intrinsic data field” (IDF) of the patient. With a computer, the “rates” are no longer set one at a time, but rather are called up from the memory cache by pressing a button on the keyboard. The radionics operation is thereby substantially simplified. An analysis takes substantially less time than with the previous standard devices. The number of available rates by which to set the dials on a radionic device has risen to well over 14,000. The SE-5 was the first radionic device with a protection program that allows work only in the rising life spiral and thus only with ethical motives. The spiral of life shows the development of mankind. The ascending spiral is constructive, creative, and intuitive, the descending spiral is destructive and destroying. The ethical prerequisite for work with the SE-5 can be seen in the protocols for “intake clearances” before the start of an analysis as well as in the protocols surrounding the “protection rate.”

Figure A.16. Peter W. Köhne

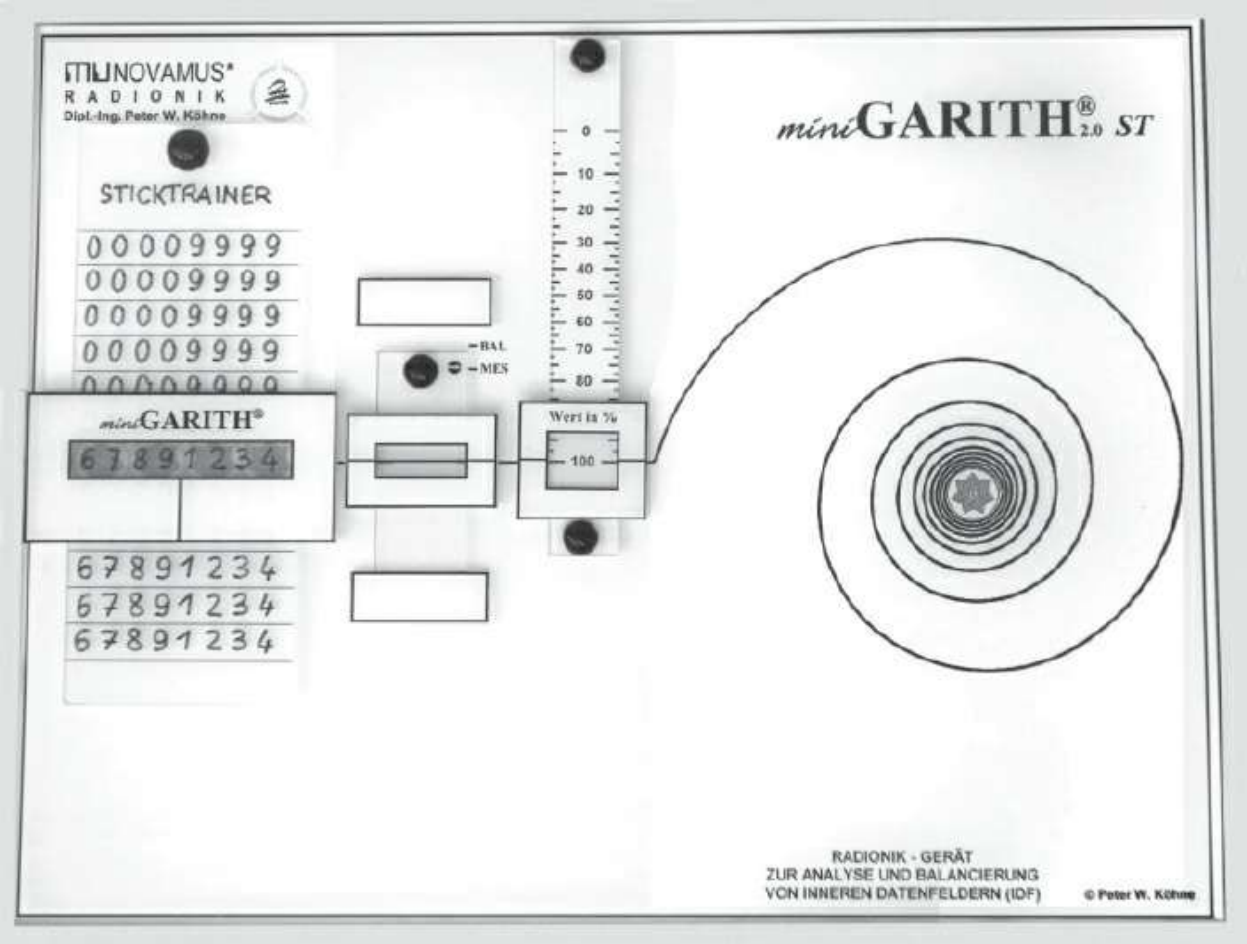

Figure A.17. Köhne's miniGARITH, 1997

Another radionic device working without electrical or electronic components and purely on the basis of symbols is the miniGARITH, developed by me in 1997. It is simple in structure and can fulfill all the functions of radionic therapy, including measuring, analyzing, and balancing, as well as radionically preparing remedies.

Radionics is now used worldwide and employs a wide variety of devices and systems. As already indicated, not only humans but also animals and plants can be treated radionically. Seminars and workshops are offered worldwide where everyone can learn how to use radionics. There are also many books available on this topic.

Footnotes

*1. Michio Kushi (1926–2014) was a Japanese natural healer who introduced macrobiotics to many parts of Europe as well as the United States in the early 1950s. Soon after he moved to America with his wife, they founded the Erewhon Natural Foods market, the *East West Journal*, the East West Foundation, the Kushi Foundation, One Peaceful World, and the Kushi Institute. Mr. Kushi lectured all over the world at conferences and seminars about philosophy, spiritual development, health, food, and diseases. He and his wife wrote over seventy books.

*2. For more information, please see http://www.pianto-belgium.be/index.php?lang=En.

*3. See my book *Healing with Information* (O Books).

*4. A miasma is a weakness that creates a tendency toward disease. Such a weakness may or may not be inherited or acquired in the patient's present lifetime. Miasma treatment works to eliminate the weakness causing the propensity for disease.

†5. Nosodes are a specific type of homeopathic treatment derived from the substance that causes the disease, diluted to the necessary potency.

*6. In reference to Ludwig von Bertalanffy's research, physiological regulating medicine considers the human body as a steady-state flow system, meaning an open system into which exogenous stressors can penetrate or endogenous stressors leading to alteration of the homeostatic balance can develop.

*7. Please see my book *Healing with Information*, pp. 89–126, "Korbler's Dowsing Rod, Guidelines" for more detailed instructions for using the dowsing rod.

*8. Copper is used because unlike other metals it does not become charged by prior information.

*9. See "The Psychomeridian and Psychomeridian Therapy" in my book *Healing with Information*, pp. 271–79.

*10. The size of the symbol and the size of the picture it is used with must be correct. For example, the picture of Aspergillus shown in the English edition of *Healing with Information: The New Homeopathy* is smaller than the picture used in the Hungarian edition, so the size of the symbol used with the picture in the English edition will be correspondingly smaller.

*11. Succussed means repeatedly shaken to achieve higher potency.

*12. The letters D, C, and M are used in homeopathy to indicate different potencies. In the examples, "D" means a decimal-based potency, "C" means centimal-based potency, "M" means thousand, and "10M" means ten thousand. To create a decimal-based potency one would take 9 units of water and 1 unit of substance (e.g., sulfur) and shake the solution 12 times. The value of the potency will be Sulfur D12. For a centimal-based potency, take 99 units of water and 1 unit of sulfur. Shake the solution 12 times. The potency will be Sulfur C12. If one were to take 99 units of water and 1 unit of sulfur, then shake the solution 30 times, the potency will be Sulfur C30. If you shake it 200 times, the potency will be Sulfur C200. If you shake the solution 1,000 times, the potency will be Sulfur C1,000, and that is M1. Certain manufacturers, such as Boiron, add an H to centimal dilutions, referring to Hahnemann's name (for example, Sulfur 200ch), while the manufacturer Remedia uses only C to indicate the potency (for example C10,000) The UK-based Laurence Society of Holistic Medicine applies abbreviations M and 10M instead of C1,000 and C10,000.

*13. This *does not* change no matter the dominance of one's hands.

*14. For more information on this and other types of Bio St. Joseph, please click on "The Pianto Biotic Range" at http://www.pianto-belgium.be/index.php?lang=En/.

*15. I should add that these symbols proved over the centuries to have a subtle but remarkably constant effect on the functioning of the body. They appear to interact with the information in the biofield that governs bodily processes.

*16. A telomere is a region of repetitive nucleotide sequences at each end of a chromosome, which protects the end of the chromosome from deterioration or from fusion with neighboring chromosomes.

Endnotes

HOW I DISCOVERED NONLOCAL SPACE- AND TIME-TRANSCENDING HEALING

1. Maria Sagi and Istvan Sagi, “Pianto és Bio-St-Josef biotikus módszer a szervezet erősítésére,” *Természetgyógyász Magazin* 11, 34–37; Maria Sagi and Istvan Sagi, “Pianto és Bio-St-Josef biotikus módszer a szervezet erősítésére,” *Természetgyógyász Magazin* 12, 42–45.
2. Maria Sagi with Istvan Sagi, *Healing with Information: The New Homeopathy (Winchester, UK: O-Books, 2018).*
3. Hans-Joachim Ehlers, “Arbeitstagung zur Fortsetzung des Lebenswerks Erich Körblers,” 1994 von Hans-Joachim Ehlers, Sauerlach.
4. No author named, “Das Phänomen der Fernheilung,” *Comed*, no. 3 (2003): 80–83, and no. 4 (2003): 100–103.

1. A SHORT HISTORY OF HEALING WITH INFORMATION

1. Karl Gröning, *Geschmückte Haut: Eine Kulturgeschichte der Körperkunst* (Munich: Frederking & Thaler Verlag, 2001).
2. Robert Csiszar, “The Iceman,” *Természetgyógyász Magazin* (Natural Healer Magazine) 7, no. 23 (July 2017).

2. INNOVATIONS IN COMPLEMENTARY MEDICINE

1. See the following list, arranged in chronological order, of the principal works published between 2009 and 2018 in the field of low-dose medicine.

   In vivo basic research testing IL-12 and IFN-γ by S. Gariboldi et al., “Low Dose Oral Administration of Cytokines for Treatment of Allergic Asthma,” *Pulmonary Pharmacology and Therapeutics* (2009)

   Ex vivo basic research testing IL-12 by L. D’amico et al., “Low Dose of

IL-12 Stimulates T-Cell Response in Cultures of PBMCs Derived from Non-Small Cell Lung Cancer Patients," *Journal of Cancer Therapy* (2012)

In vivo basic research testing IL-10 and Antibodies-anti IL-1 by D. Cardani et al., "Oral Administration of Interleukin-10 and Anti-IL-1 Antibody Ameliorates Experimental Intestinal Inflammation," *Gastroenterology Research* (2013)

Ex vivo basic research testing IFN-γ by E. Radice et al., "Low-Doses of Sequential-Kinetic-Activated Interferon-Gamma Enhance the Ex Vivo Cytotoxicity of Peripheral Blood Natural Killer Cells from Patients with Early-Stage Colorectal Cancer: A Preliminary Study," *International Immunopharmacology* (2014)

Clinical trial testing IL-4, IL-10, and IL-11 by M. L. Roberti et al., "Immunomodulating Treatment with Low Dose Interleukin-4, Interleukin-10 and Interleukin-11 in Psoriasis Vulgaris," *Journal of Biological Regulatory and Homeostatic Agents* (2014)

Clinical Trial testing NT3, NT4, NGF, Retina suis-Injeel, Solanum compositum, Ubichinon compositum by P. Luchetti, "Increasing of Visual Function in Patients with Retinal Atrophy Treated with Drugs of Low-Dose Medicine: Monocentric Retrospective Observational Study," *Minerva Medica Oftalmologica* (2015)

In vitro basic research testing IL-4, IL-10, b-FGF, and β-endorphin by V. Barygina et al., "Treatment with Low-Dose Cytokines Reduces Oxidative-Mediated Injury in Perilesional Keratinocytes from Vitiligo Skin," *Journal of Dermatological Science* (2015)

Clinical trial testing IL-4, IL-10, Antibodies-anti IL-1, and b-FGF by T. Lotti et al., "Vitiligo: Successful Combination Treatment Based on Oral Low Dose Cytokines and Different Topical Treatments," *Journal of Biological Regulatory and Homeostatic Agents* (2015)

Ex vivo basic research testing IL-4 and IL-12 by E. Radice et al., "Enhancement of the Immunostimulatory Functions of Ex Vivo-Generated Dendritic Cells from Early-Stage Colon Cancer Patients by Consecutive Exposure to Low Doses of Sequential-Kinetic-Activated IL-4 and IL-12," *Translational Oncology* (2015)

Clinical trial testing IL-4, IL-10, and Antibodies-anti IL-1 by T. Lotti et

al., “Successful Combination Treatment for Psoriasis with Phototherapy and Low-Dose Cytokines: A Spontaneous, Retrospective Observational Clinical Study,” *Der Hautarzt* (2015)

In vitro basic research testing IL-4, IL-10, b-FGF, and β-endorphin by V. Barygina et al., “Low Dose Cytokines Reduce Oxidative Stress in Primary Lesional Fibroblasts Obtained from Psoriatic Patients,” *Journal of Dermatological Science* (2016)

Clinical veterinary trial testing IL-12 and IFN-γ by F. Fiorito et al., “Clinical Improvement in Feline Herpesvirus 1 Infected Cats by Oral Low Dose of Interleukin-12 Plus Interferon-Gamma,” *Comparative Immunology, Microbiology and Infectious Diseases* (2016)

Observational pilot study testing Beta-Estradiol by A. Genazzani et al., “Pharmacological and Integrative Treatment of Stress-Induced Hypothalamic Amenorrhea,” *Bollettino di Ginecologia Endocrinologica [Frontiers in Gynecological Endocrinology]* (2016)

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About the Author

Maria Sagi holds a Ph.D. in psychology from the Eötvös Loránd University of Budapest and a C.Sc. from the Hungarian Academy of Sciences. The creator of the Sagi method of information medicine, she is the author of 12 books and more than 150 articles and research papers published in Hungarian and translated into English, French, German, Italian, and Japanese. The science director for the Club of Budapest, she lives in Budapest, Hungary.